

you have to go petition the court to get it back.

This bill gives \$2 million to the Department of Justice. I mean, giving more money to the Justice Department, the most politicized Justice Department I have ever seen, the same Justice Department where over a dozen whistleblowers have come to our office talking about concerns they have with investigations that the FBI and the Justice Department are doing, the same Justice Department that treated parents as domestic terrorists for simply showing up at school board meetings and voicing concerns about the curriculum being taught to their children, that Justice Department, we are giving more money to do this program?

The same Justice Department that, sad to say, has joined the effort by the left to intimidate the Court, our highest Court in the land, we are giving money to that Justice Department?

Make no mistake, this Justice Department has done that by their failure to enforce the statute to protect our Supreme Court Justices. When people are protesting at their home, trying to impact and intimidate the Court, this Justice Department refused to deal with the statute that is exactly on point. We are giving money to that Justice Department.

So for all those reasons, we have real concerns with this legislation, and I would urge opposition to the bill.

Madam Speaker, I yield back the balance of my time.

Mr. NADLER. Madam Speaker, I yield myself the balance of my time.

There is a reason that this bipartisan legislation is endorsed by the Major Cities Chiefs Association, the National Association of Police Organizations, the Fraternal Order of Police, the National Policing Institute, the National Sheriffs' Association, the National District Attorneys Association, and several State and local law enforcement organizations.

When tragedy strikes—and unfortunately we know that it will strike again—we want our law enforcement and first responders to have all the tools they need to keep our communities safe. We want our people to have the warnings that they need, just as with the AMBER Alert system.

I urge my colleagues to stand with law enforcement and to support this important legislation.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Pursuant to House Resolution 1224, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. JORDAN. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this question are postponed.

#### MESSAGE FROM THE SENATE

A message from the Senate by Ms. Byrd, one of its clerks, announced that the Senate has agreed to a concurrent resolution of the following title in which the concurrence of the House is requested:

S. Con. Res. 42. Concurrent Resolution authorizing the use of the rotunda of the Capitol on Thursday, July 14, 2022, for the lying in honor of the remains of Hershel Woodrow "Woody" Williams, the last surviving Medal of Honor recipient for acts performed during World War II.

#### PROTECTING OUR GOLD STAR FAMILIES EDUCATION ACT

Mr. TAKANO. Madam Speaker, pursuant to House Resolution 1224, I call up the bill (S. 3373), as amended, to improve the Iraq and Afghanistan Service Grant and the Children of Fallen Heroes Grant, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 1224, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 117-56, is considered as adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

#### S. 3373

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE; REFERENCES TO TITLE 38, UNITED STATES CODE; TABLE OF CONTENTS.

(a) *SHORT TITLE.*—This Act may be cited as the "Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022" or the "Honoring our PACT Act of 2022".

(b) *MATTERS RELATING TO AMENDMENTS TO TITLE 38, UNITED STATES CODE.*—

(1) *REFERENCES.*—Except as otherwise expressly provided, when in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

(2) *AMENDMENTS TO TABLES OF CONTENTS.*—Except as otherwise expressly provided, when an amendment made by this Act to title 38, United States Code, adds a section or larger organizational unit to that title or amends the designation or heading of a section or larger organizational unit in that title, that amendment also shall have the effect of amending any table of sections in that title to alter the table to conform to the changes made by the amendment.

(c) *TABLE OF CONTENTS.*—The table of contents for this Act is as follows:

Sec. 1. Short title; references to title 38, United States Code; table of contents.

#### TITLE I—EXPANSION OF HEALTH CARE ELIGIBILITY

Subtitle A—Toxic-exposed Veterans

Sec. 101. Short title.

Sec. 102. Definitions relating to toxic-exposed veterans.

Sec. 103. Expansion of health care for specific categories of toxic-exposed veterans and veterans supporting certain overseas contingency operations.

Sec. 104. Assessments of implementation and operation.

Subtitle B—Certain Veterans of Combat Service and Other Matters

Sec. 111. Expansion of period of eligibility for health care for certain veterans of combat service.

#### TITLE II—TOXIC EXPOSURE PRESUMPTION PROCESS

Sec. 201. Short title.

Sec. 202. Improvements to ability of Department of Veterans Affairs to establish presumptions of service connection based on toxic exposure.

Sec. 203. Outreach to claimants for disability compensation pursuant to changes in presumptions of service connection.

Sec. 204. Reevaluation of claims for dependency and indemnity compensation involving presumptions of service connection.

#### TITLE III—IMPROVING THE ESTABLISHMENT OF SERVICE CONNECTION PROCESS FOR TOXIC-EXPOSED VETERANS

Sec. 301. Short title.

Sec. 302. Presumptions of toxic exposure.

Sec. 303. Medical nexus examinations for toxic exposure risk activities.

#### TITLE IV—PRESUMPTIONS OF SERVICE CONNECTION

Sec. 401. Treatment of veterans who participated in cleanup of Enewetak Atoll as radiation-exposed veterans for purposes of presumption of service connection of certain disabilities by Department of Veterans Affairs.

Sec. 402. Treatment of veterans who participated in nuclear response near Palomares, Spain, or Thule, Greenland, as radiation-exposed veterans for purposes of presumption of service connection of certain disabilities by Department of Veterans Affairs.

Sec. 403. Presumptions of service connection for diseases associated with exposures to certain herbicide agents for veterans who served in certain locations.

Sec. 404. Addition of additional diseases associated with exposure to certain herbicide agents for which there is a presumption of service connection for veterans who served in certain locations.

Sec. 405. Improving compensation for disabilities occurring in Persian Gulf War veterans.

Sec. 406. Presumption of service connection for certain diseases associated with exposure to burn pits and other toxins.

Sec. 407. Rule of construction.

#### TITLE V—RESEARCH MATTERS

Sec. 501. Interagency working group on toxic exposure research.

Sec. 502. Analysis and report on treatment of veterans for medical conditions related to toxic exposure.

Sec. 503. Analysis relating to mortality of veterans who served in Southwest Asia.

Sec. 504. Study on health trends of post-9/11 veterans.

Sec. 505. Study on cancer rates among veterans.

Sec. 506. Study on health effects of waste related to Manhattan Project on certain veterans.

- Sec. 507. Study on toxic exposure and mental health outcomes.
- Sec. 508. Study on veterans in Territories of the United States.
- Sec. 509. Department of Veterans Affairs public website for toxic exposure research.

Sec. 510. Report on health effects of jet fuels used by Armed Forces.

#### **TITLE VI—IMPROVEMENT OF RESOURCES AND TRAINING REGARDING TOXIC-EXPOSED VETERANS**

- Sec. 601. Short title; definitions.
- Sec. 602. Publication of list of resources of Department of Veterans Affairs for toxic-exposed veterans and veterans who report toxic exposures and outreach program for such veterans and caregivers and survivors of such veterans.

- Sec. 603. Incorporation of toxic exposure screening for veterans.
- Sec. 604. Training for personnel of the Department of Veterans Affairs with respect to veterans who report toxic exposures.

#### **TITLE VII—RESOURCING**

- Sec. 701. Authority to use appropriations to enhance claims processing capacity and automation.
- Sec. 702. Authorization of major medical facility leases of Department of Veterans Affairs for fiscal year 2023.
- Sec. 703. Treatment of major medical facility leases of the Department of Veterans Affairs.
- Sec. 704. Authority to enter into agreements with academic affiliates and other entities to acquire space for the purpose of providing health-care resources to veterans.
- Sec. 705. Modifications to enhanced-use lease authority of Department of Veterans Affairs.
- Sec. 706. Authority for joint leasing actions of Department of Defense and Department of Veterans Affairs.
- Sec. 707. Appropriation of amounts for major medical facility leases.

#### **TITLE VIII—RECORDS AND OTHER MATTERS**

- Sec. 801. Epidemiological study on Fort McClellan veterans.
- Sec. 802. Biennial briefing on Individual Longitudinal Exposure Record.
- Sec. 803. Correction of exposure records by members of the Armed Forces and veterans.
- Sec. 804. Federal cause of action relating to water at Camp Lejeune, North Carolina.
- Sec. 805. Cost of War Toxic Exposures Fund.
- Sec. 806. Appropriation for fiscal year 2022.
- Sec. 807. Authorization of electronic notice in claims under laws administered by the Secretary of Veterans Affairs.
- Sec. 808. Burn pit transparency.

#### **TITLE IX—IMPROVEMENT OF WORKFORCE OF DEPARTMENT OF VETERANS AFFAIRS**

- Sec. 901. National rural recruitment and hiring plan for Veterans Health Administration.
- Sec. 902. Authority to buy out service contracts for certain health care professionals in exchange for employment at rural or highly rural facilities of Department of Veterans Affairs.
- Sec. 903. Qualifications for human resources positions within Department of Veterans Affairs and plan to recruit and retain human resources employees.
- Sec. 904. Modification of pay cap for certain employees of Veterans Health Administration.

Sec. 905. Expansion of opportunities for house-keeping aides.

Sec. 906. Modification of authority of the Secretary of Veterans Affairs relating to hours, conditions of employment, and pay for certain employees of Veterans Health Administration.

Sec. 907. Waiver of pay limitation for certain employees of Department of Veterans Affairs.

Sec. 908. Elimination of limitation on awards and bonus for employees of Department of Veterans Affairs.

Sec. 909. Additional authority of the Secretary of Veterans Affairs relating to recruitment and retention of personnel.

### **TITLE I—EXPANSION OF HEALTH CARE ELIGIBILITY**

#### **Subtitle A—Toxic-exposed Veterans**

##### **SEC. 101. SHORT TITLE.**

This title may be cited as the “Conceding Our Veterans’ Exposure Now and Necessitating Training Act of 2022” or the “COVENANT Act of 2022”.

##### **SEC. 102. DEFINITIONS RELATING TO TOXIC-EXPOSED VETERANS.**

(a) **IN GENERAL.**—Section 1710(a)(2)(F) is amended by striking “who was exposed to a toxic substance, radiation, or other conditions, as provided in subsection (e)” and inserting “who is a toxic-exposed veteran, in accordance with subsection (e)”.

(b) **DEFINITIONS OF TOXIC EXPOSURE AND TOXIC-EXPOSED VETERAN.**—Section 101 is amended by adding at the end the following new paragraphs:

“(37) The term ‘toxic exposure’ includes the following:

“(A) A toxic exposure risk activity, as defined in section 1710(e)(4) of this title.

“(B) An exposure to a substance, chemical, or airborne hazard identified in the list under section 1119(b)(2) of this title.

“(38) The term ‘toxic-exposed veteran’ means any veteran described in section 1710(e)(1) of this title.”.

(c) **DEFINITION OF TOXIC EXPOSURE RISK ACTIVITY.**—Section 1710(e)(4) is amended by adding at the end the following new subparagraph:

“(C) The term ‘toxic exposure risk activity’ means any activity—

“(i) that requires a corresponding entry in an exposure tracking record system (as defined in section 1119(c) of this title) for the veteran who carried out the activity; or

“(ii) that the Secretary determines qualifies for purposes of this subsection when taking into account what is reasonably prudent to protect the health of veterans.”.

##### **SEC. 103. EXPANSION OF HEALTH CARE FOR SPECIFIC CATEGORIES OF TOXIC-EXPOSED VETERANS AND OVERSEAS SUPPORTING CERTAIN OVERSEAS CONTINGENCY OPERATIONS.**

(a) **IN GENERAL.**—

(1) **EXPANSION.**—Subsection (e) of section 1710, as amended by section 102(c), is further amended—

(A) in paragraph (1), by adding at the end the following new subparagraphs:

“(G) Beginning not later than the applicable date specified in paragraph (6), and subject to paragraph (2), a veteran who participated in a toxic exposure risk activity while serving on active duty, active duty for training, or inactive duty training is eligible for hospital care (including mental health services and counseling), medical services, and nursing home care under subsection (a)(2)(F) for any illness.

“(H) Beginning not later than the applicable date specified in paragraph (6), and subject to paragraph (2), a covered veteran (as defined in section 1119(c) of this title) is eligible for hospital care (including mental health services and counseling), medical services, and nursing home care under subsection (a)(2)(F) for any illness.

“(I)(i) Beginning not later than the applicable date specified in paragraph (6), and subject to paragraph (2), a veteran who deployed in support of a contingency operation specified in clause (ii) is eligible for hospital care (including mental health services and counseling), medical services, and nursing home care under subsection (a)(2)(F) for any illness.

“(ii) A contingency operation specified in this clause is any of the following:

“(I) Operation Enduring Freedom.

“(II) Operation Freedom’s Sentinel.

“(III) Operation Iraqi Freedom.

“(IV) Operation New Dawn.

“(V) Operation Inherent Resolve.

“(VI) Resolute Support Mission.”; and

(B) in paragraph (2)(B)—

(i) by striking “or (F)” and inserting “(F), (G), (H), or (I)”; and

(ii) by striking “service or testing” and inserting “service, testing, or activity”.

(2) **PHASE IN.**—Such subsection is further amended by adding at the end the following new paragraph:

“(6)(A) The Secretary shall determine the dates in subparagraphs (G), (H), and (I) of paragraph (1) as follows:

“(i) October 1, 2024, with respect to a veteran described in such subparagraph (G) or (H) who was discharged or released from the active military, naval, air, or space service during the period beginning on August 2, 1990, and ending on September 11, 2001.

“(ii) October 1, 2026, with respect to a veteran described in such subparagraph (G) or (H) who was discharged or released from the active military, naval, air, or space service during the period beginning on September 12, 2001, and ending on December 31, 2006.

“(iii) October 1, 2028, with respect to a veteran described in such subparagraph (G) or (H) who was discharged or released from the active military, naval, air, or space service during the period beginning on January 1, 2007, and ending on December 31, 2012.

“(iv) October 1, 2030, with respect to a veteran described in such subparagraph (G) or (H) who was discharged or released from the active military, naval, air, or space service during the period beginning on January 1, 2013, and ending on December 31, 2018.

“(v) October 1, 2032, with respect to a veteran described in such subparagraph (I).

“(B)(i) The Secretary may modify a date specified in subparagraph (A) to an earlier date, as the Secretary determines appropriate based on the number of veterans receiving hospital care, medical services, and nursing home care under subparagraphs (G), (H), and (I) of paragraph (1) and the resources available to the Secretary.

“(ii) If the Secretary determines to modify a date under clause (i), the Secretary shall—

“(I) notify the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives of the proposed modification; and

“(II) publish such modified date in the Federal Register.”.

(b) **OUTREACH PLANS.**—With respect to each of clauses (i) through (v) of section 1710(e)(6)(A) of title 38, United States Code (as added by subsection (a)(2)), not later than 180 days before the date specified in the clause (including a date modified pursuant to such section), the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a plan to conduct outreach to the veterans described in the clause to notify such veterans of their eligibility for hospital care, medical services, or nursing home care under subparagraph (G), (H), or (I), of section 1710(e)(1) of such title, as the case may be.

##### **SEC. 104. ASSESSMENTS OF IMPLEMENTATION AND OPERATION.**

(a) **INITIAL RESOURCE ASSESSMENT AND REPORT.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall—

(1) complete an assessment to determine—

(A) the personnel and material resources necessary to implement section 103 (including the amendments made by such section); and

(B) the total number of covered veterans, as such term is defined in section 1119(c) of title 38, United States Code (as added by section 302), who receive hospital care or medical services furnished by the Secretary under chapter 17 of such title, disaggregated by priority group specified in section 1705(a) of such title; and

(2) submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report containing the findings of the assessment completed under paragraph (1), including a specific determination as to whether the Department has the personnel and material resources necessary to implement section 103.

(b) **INFORMATION SYSTEMS.**—Not later than October 1, 2024, the Secretary shall establish information systems to assess the implementation of section 103, including the amendments made by such section, and use the results of assessments under such systems to inform the reports under subsection (c).

(c) **ANNUAL REPORTS.**—

(1) **REPORTS.**—Not later than October 1, 2025, and on an annual basis thereafter until October 1, 2033, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the following:

(A) The effect of the implementation of, and the provision and management of care under, section 103 (including the amendments made by such section) on the demand by veterans described in subparagraphs (G), (H), and (I) of section 1710(e)(1) of title 38, United States Code (as added by such section 103) for health care services furnished by the Secretary.

(B) Any differing patterns of demand for health care services by such veterans, disaggregated by factors such as the relative distance of the veteran from medical facilities of the Department and whether the veteran had previously received hospital care or medical services furnished by the Secretary under chapter 17 of such title.

(C) The extent to which the Secretary has met such demand.

(D) Any changes, during the year covered by the report, in the delivery patterns of health care furnished by the Secretary under chapter 17 of such title, and the fiscal impact of such changes.

(2) **MATTERS.**—Each report under paragraph (1) shall include, with respect to the year covered by the report, detailed information on the following:

(A) The total number of veterans enrolled in the patient enrollment system who, during such year, received hospital care or medical services furnished by the Secretary under chapter 17 of title 38, United States Code.

(B) Of the veterans specified in subparagraph (A), the number of such veterans who, during the preceding three fiscal years, had not received such care or services.

(C) With respect to the veterans specified in subparagraph (B), the cost of providing health care to such veterans during the year covered by the report, shown in total and disaggregated by—

(i) the level of care; and

(ii) whether the care was provided through the Veterans Community Care Program.

(D) With respect to the number of veterans described in subparagraphs (G), (H), and (I) of section 1710(e)(1) of title 38, United States Code (as added by section 103), the following (shown in total and disaggregated by medical facility of the Department, as applicable):

(i) The number of such veterans who, during the year covered by the report, enrolled in the patient enrollment system.

(ii) The number of such veterans who applied for, but were denied, such enrollment.

(iii) The number of such veterans who were denied hospital care or a medical service furnished by the Secretary that was considered to be medically necessary but not of an emergency nature.

(E) The numbers and characteristics of, and the type and extent of health care furnished by the Secretary to, veterans enrolled in the patient enrollment system (shown in total and disaggregated by medical facility of the Department).

(F) The numbers and characteristics of, and the type and extent of health care furnished by the Secretary to, veterans not enrolled in the patient enrollment system (disaggregated by each class of eligibility for care under section 1710 of title 38, United States Code, and further shown as a total per class and disaggregated by medical facility of the Department).

(G) The specific fiscal impact (shown in total and disaggregated by geographic health care delivery areas) of changes in the delivery patterns of health care furnished by the Secretary under chapter 17 of such title as a result of the implementation of section 103 (including the amendments made by such section).

(d) **DEFINITIONS.**—In this section:

(1) **PATIENT ENROLLMENT SYSTEM.**—The term “patient enrollment system” means the patient enrollment system of the Department of Veterans Affairs established and operated under section 1705(a) of title 38, United States Code.

(2) **VETERANS COMMUNITY CARE PROGRAM.**—The term “Veterans Community Care Program” means the program established under section 1703 of title 38, United States Code.

#### **Subtitle B—Certain Veterans of Combat Service and Other Matters**

#### **SEC. 111. EXPANSION OF PERIOD OF ELIGIBILITY FOR HEALTH CARE FOR CERTAIN VETERANS OF COMBAT SERVICE.**

(a) **EXPANDED PERIOD.**—Section 1710(e)(3) is amended—

(1) in subparagraph (A)—

(A) by striking “January 27, 2003” and inserting “September 11, 2001”; and

(B) by striking “five-year period” and inserting “10-year period”;

(2) by amending subparagraph (B) to read as follows:

“(B) With respect to a veteran described in paragraph (1)(D) who was discharged or released from the active military, naval, air, or space service after September 11, 2001, and before October 1, 2013, but did not enroll to receive such hospital care, medical services, or nursing home care under such paragraph pursuant to subparagraph (A) before October 1, 2022.”; and

(3) by striking subparagraph (C).

(b) **CLARIFICATION OF COVERAGE.**—Section 1710(e)(1)(D) is amended by inserting after “Persian Gulf War” the following: “(including any veteran who, in connection with service during such period, received the Armed Forces Expeditionary Medal, Service Specific Expeditionary Medal, Combat Era Specific Expeditionary Medal, Campaign Specific Medal, or any other combat theater award established by a Federal statute or an Executive order)”.

(c) **OUTREACH PLAN.**—Not later than December 1, 2022, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a plan to conduct outreach to veterans described in subparagraph (B) of section 1710(e)(3) of title 38, United States Code, as amended by subsection (a)(2), to notify such veterans of their eligibility for hospital care, medical services, or nursing home care pursuant to such subparagraph.

(d) **REPORT ON ENROLLMENTS.**—Not later than January 30, 2024, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of

the House of Representatives a report identifying, with respect to the one-year period beginning on October 1, 2022, the number of veterans described in section 1710(e)(3)(B) of title 38, United States Code, as amended by subsection (a)(2), who, during such period, enrolled in the patient enrollment system of the Department of Veterans Affairs established and operated under section 1705(a) of such title.

(e) **EFFECTIVE DATE.**—This section and the amendments made by this section shall take effect on October 1, 2022.

#### **TITLE II—TOXIC EXPOSURE PRESUMPTION PROCESS**

##### **SEC. 201. SHORT TITLE.**

This title may be cited as the “Toxic Exposure in the American Military Act of 2022” or the “TEAM Act of 2022”.

##### **SEC. 202. IMPROVEMENTS TO ABILITY OF DEPARTMENT OF VETERANS AFFAIRS TO ESTABLISH PRESUMPTIONS OF SERVICE CONNECTION BASED ON TOXIC EXPOSURE.**

(a) **ADVISORY COMMITTEES, PANELS, AND BOARDS.**—Chapter 11 is amended by adding at the end the following new subchapter:

“SUBCHAPTER VII—DETERMINATIONS RELATING TO PRESUMPTIONS OF SERVICE CONNECTION BASED ON TOXIC EXPOSURE

“§ 1171. Procedures to determine presumptions of service connection based on toxic exposure; definitions

“(a) **PROCEDURES.**—The Secretary shall determine whether to establish, or to remove, presumptions of service connection based on toxic exposure pursuant to this subchapter, where—

“(1) under section 1172 of this title—

“(A) the Secretary provides—

“(i) public notice regarding what formal evaluations the Secretary plans to conduct; and

“(ii) the public an opportunity to comment on the proposed formal evaluations;

“(B) the working group established under subsection (b) of such section provides—

“(i) advice to the Secretary on toxic-exposed veterans and cases in which veterans who, during active military, naval, air, or space service, may have experienced a toxic exposure or their dependents may have experienced a toxic exposure while the veterans were serving in the active military, naval, air, or space service;

“(ii) recommendations to the Secretary on corrections needed in the Individual Longitudinal Exposure Record to better reflect veterans and dependents described in clause (i); and

“(iii) recommendations to the Secretary regarding which cases of possible toxic exposure should be reviewed;

“(2) the Secretary provides for formal evaluations of such recommendations under section 1173 of this title and takes into account reports received by the Secretary from the National Academies of Sciences, Engineering, and Medicine under section 1176 of this title; and

“(3) the Secretary issues regulations under section 1174 of this title.

“(b) **DEFINITIONS.**—In this subchapter:

“(1) The term ‘illness’ includes a disease or other condition affecting the health of an individual, including mental and physical health.

“(2) The term ‘Individual Longitudinal Exposure Record’ includes—

“(A) service records;

“(B) any database maintained by the Department of Defense and shared with the Department of Veterans Affairs to serve as a central portal for exposure-related data that compiles, collates, presents, and provides available occupational and environmental exposure information to support the needs of the Department of Defense and the Department of Veterans Affairs; or

“(C) any successor system to a database described in subparagraph (B).

**“§1172. Annual notice and opportunity for public comment**

“(a) NOTICE REQUIRED.—(1)(A) Not less frequently than once each year, the Secretary shall publish in the Federal Register notice of the formal evaluations that the Secretary plans to conduct pursuant to section 1173 of this title.

“(B) Each notice published under subparagraph (A) shall include, for each formal evaluation referred to in the notice, an explanation as to why the military environmental exposures and adverse health outcomes that are the subject of the formal evaluation were chosen by the Secretary for formal evaluation under section 1173 of this title.

“(2)(A) With each notice published under paragraph (1), the Secretary shall seek public comment on the military environmental exposures and adverse health outcomes that are the subject of the formal evaluations referred to in the notice.

“(B) The Secretary shall—

“(i) consider all public comment received under subparagraph (A); and

“(ii) publish in the Federal Register a response to the comments received under subparagraph (A).

“(3)(A) For each notice published under paragraph (1), the Secretary shall hold an open meeting for members of the public to voice their comments in response to the notice.

“(B) To help evaluate presumptions of service connection, the Secretary shall, not less frequently than quarterly, collaborate with, partner with, and give weight to the advice of veterans service organizations and such other stakeholders as the Secretary considers appropriate.

“(4) Failure to include a military environmental exposure or adverse health effect in a Federal Register notice published pursuant to subsection (a) shall not preclude the Secretary from initiating a formal evaluation of such exposure or health effect.

“(b) WORKING GROUP.—(1) The Secretary shall establish a working group within the Department (in this section referred to as the ‘Working Group’).

“(2) The Working Group shall include personnel of the Veterans Health Administration and the Veterans Benefits Administration.

“(3) The Secretary shall consult with, and seek the advice of, the Working Group with respect to cases in which—

“(A) a veteran may have, during active military, naval, air, or space service, experienced a toxic exposure; or

“(B) a dependent of a veteran may have experienced a toxic exposure during the active military, naval, air, or space service of the veteran.

“(c) ASSESSMENTS.—(1) The Working Group shall assess cases of the toxic exposure of veterans and their dependents that occurred during active military, naval, air, or space service, including by conducting ongoing surveillance and reviewing such exposure described in scientific literature, media reports, information from veterans, and information from Congress.

“(2) The assessments under paragraph (1) shall cover suspected and known toxic exposures occurring during active military, naval, air, or space service, including by identifying and evaluating new and emerging toxic exposures that are not recognized under existing presumptions of service connection.

“(3) The Working Group may conduct an assessment under paragraph (1) in response to a comment received under paragraph (2) or (3) of subsection (a).

“(4) The Working Group shall, in consultation with the Secretary of Defense, on a periodic basis, assess the Individual Longitudinal Exposure Record to ensure the accuracy of data collected.

“(d) DEVELOPMENT OF RECOMMENDATIONS.—(1) Following an assessment of a case of the toxic exposure of veterans that occurred during

active military, naval, air, or space service under subsection (c), or their dependents, the Working Group may develop a recommendation for formal evaluation under section 1173 of this title to conduct a review of the health effects related to the case of exposure if the Working Group determines that the research may change the current understanding of the relationship between an exposure to an environmental hazard and adverse health outcomes in humans.

“(2) Upon receipt of evidence suggesting that previous findings regarding the periods and locations of exposure covered by an existing presumption of service connection are no longer supported, the Working Group may nominate such evidence for formal evaluation under section 1173 of this title to modify the periods and locations.

“(e) REPORTS BY THE WORKING GROUP.—Not less frequently than once each year, the Working Group shall submit to the Secretary, the Committee on Veterans’ Affairs of the Senate, and the Committee on Veterans’ Affairs of the House of Representatives, and make publicly available, a report on—

“(1) recommendations developed under subsection (d), if any; and

“(2) recommendations for such legislative or administrative action as the Working Group considers necessary for the Working Group to be more effective in carrying out the requirements of this section.

“(f) RESPONSES BY SECRETARY.—In response to each report submitted under subsection (e), the Secretary shall, not later than 30 days after receiving the report, initiate a formal evaluation pursuant to section 1173 of this title.

**“§1173. Formal evaluation of recommendations**

“(a) FORMAL EVALUATIONS.—The Secretary shall establish a process to conduct a formal evaluation with respect to each recommendation made by the Working Group under section 1172 of this title.

“(b) EVIDENCE, DATA, AND FACTORS.—The Secretary shall ensure that each formal evaluation under subsection (a) covers the following:

“(1) Scientific evidence, based on the review of available scientific literature, including human, toxicological, animal, and methodological studies, and other factors.

“(2) Claims data, based on the review of claim rate, grant rate, and service connection prevalence, and other factors.

“(3) Other factors the Secretary determines appropriate, such as—

“(A) the level of disability and mortality caused by the health effects related to the case of toxic exposure being evaluated;

“(B) the quantity and quality of the information available and reviewed;

“(C) the feasibility of and period for generating relevant information and evidence;

“(D) whether such health effects are combat- or deployment-related;

“(E) the ubiquity or rarity of the health effects; and

“(F) any time frame during which a health effect must become manifest.

“(c) CONDUCT OF EVALUATIONS.—(1) The Secretary shall ensure that each formal evaluation under subsection (a)—

“(A) reviews scientific evidence in a manner that—

“(i) conforms to principles of scientific and data integrity;

“(ii) is free from suppression or distortion of scientific or technological findings, data, information, conclusions, or technical results; and

“(B)(i) evaluates the likelihood that a positive association exists between an illness and a toxic exposure while serving in the active military, naval, air, or space service; and

“(ii) assesses the toxic exposures and illnesses and determines whether the evidence supports a finding of a positive association between the toxic exposure and the illness.

“(2) In carrying out paragraph (1)(B)(ii), a formal evaluation under subsection (a) shall include reviewing all relevant data to determine the strength of evidence for a positive association based on the following four categories:

“(A) The ‘sufficient’ category, where the evidence is sufficient to conclude that a positive association exists.

“(B) The ‘equipoise and above’ category, where the evidence is sufficient to conclude that a positive association is at least as likely as not, but not sufficient to conclude that a positive association exists.

“(C) The ‘below equipoise’ category, where the evidence is not sufficient to conclude that a positive association is at least as likely as not, or is not sufficient to make a scientifically informed judgment.

“(D) The ‘against’ category, where the evidence suggests the lack of a positive association.

“(d) RECOMMENDATION FOR ESTABLISHING A PRESUMPTION OF SERVICE CONNECTION.—Not later than 120 days after the date on which a formal evaluation is commenced, the element of the Department that conducts the evaluation shall submit to the Secretary a recommendation with respect to establishing a presumption of service connection for the toxic exposure and illness, or modifying an existing presumption of service connection, covered by the evaluation.

**“§1174. Regulations regarding presumptions of service connection based on toxic exposure**

“(a) ACTION UPON RECOMMENDATION.—Not later than 160 days after the date on which the Secretary receives a recommendation to establish or modify a presumption of service connection under section 1173 of this title—

“(1) if the Secretary determines, in the discretion of the Secretary, that the presumption, or modification, is warranted, the Secretary shall—

“(A) commence issuing regulations in accordance with the provisions of subchapter II of chapter 5 of title 5 (commonly referred to as the Administrative Procedures Act) setting forth the presumption or commence revising regulations to carry out such modification; and

“(B) include in such regulations any time frame during which a health effect must become manifest; or

“(2) if the Secretary determines, in the discretion of the Secretary, that the presumption, or modification, is not warranted, the Secretary shall publish in the Federal Register a notice of the determination, including the reasons supporting the determination.

“(b) REMOVAL OF PRESUMPTION.—(1)(A) The Secretary may—

“(i) issue a regulation to remove an illness from a presumption of service connection previously established pursuant to a regulation issued under subsection (a); and

“(ii) issue a regulation to remove a presumption of service connection established pursuant to title IV of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 if the Secretary concludes that evidence suggests the lack of a positive association between the disease and the toxic exposure.

“(B) Under subparagraph (A)(ii), the Secretary shall not consider the lack of evidence as sufficient to support a decision for removal of a presumption.

“(2) Whenever an illness is removed from regulations pursuant to paragraph (1), or the periods and locations of exposure covered by a presumption of service connection are modified under subsection (a)—

“(A) a veteran who was awarded compensation under chapter 11 of this title for such illness on the basis of the presumption provided under such regulations before the effective date of the removal or modification shall continue to be entitled to receive compensation on that basis;

“(B) a survivor of a veteran who was awarded dependency and indemnity compensation under

chapter 13 of this title for the death of a veteran resulting from such illness on the basis of such presumption shall continue to be entitled to receive dependency and indemnity compensation on such basis; and

“(C) no veteran or survivor covered under subparagraph (A) or (B) shall have their compensation reduced solely because of the removal of an illness pursuant to paragraph (1).

**“§ 1175. Authority to modify process; congressional oversight**

“(a) IN GENERAL.—The Secretary may modify the process under which the working group established under subsection (b) of section 1172 of this title conducts assessments under such section, the Secretary conducts formal evaluations under section 1173 of this title, and issues regulations under section 1174 of this title if—

“(1) such evaluations cover the evidence, data, and factors required by subsection (b) of such section 1173; and

“(2) a period of 180 days has elapsed following the date on which the Secretary submits the notice under subsection (b) regarding the modification.

“(b) NOTICE.—If the Secretary proposes to modify the process under which the working group established under subsection (b) of section 1172 of this title conducts assessments under such section, the process under which the Secretary conducts formal evaluations under section 1173 of this title, or issues regulations under section 1174 of this title, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a notice of the proposed modifications containing the following:

“(1) A description of the proposed modifications.

“(2) A description of any exceptions to the requirements of such sections that are proposed because of limited available scientific evidence, and a description of how such evaluations will be conducted.

**“§ 1176. Agreement with National Academies of Sciences, Engineering, and Medicine concerning toxic exposures**

“(a) PURPOSE.—The purpose of this section is to provide for the National Academies of Sciences, Engineering, and Medicine (in this section referred to as the ‘Academies’), an independent nonprofit scientific organization with appropriate expertise that is not part of the Federal Government, to review and evaluate the available scientific evidence regarding associations between diseases and toxic exposures.

“(b) AGREEMENT.—(1) The Secretary shall seek to enter into a five-year agreement with the Academies to perform the services covered by this section.

“(2) The Secretary shall seek to enter into an agreement described in paragraph (1) not later than 60 days after the date of the enactment of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022.

“(3) An agreement under this section may be extended in five-year increments.

“(c) REVIEW OF SCIENTIFIC EVIDENCE.—Under an agreement between the Secretary and the Academies under this section, the Academies shall review and summarize the scientific evidence, and assess the strength thereof, concerning the association between toxic exposures during active military, naval, air, or space service and each disease suspected to be associated with such exposure in the human population.

“(d) SCIENTIFIC DETERMINATIONS CONCERNING DISEASES.—For each disease reviewed under subsection (c), the Academies shall determine, to the extent that available scientific data permit meaningful determinations—

“(1) whether an association exists between toxic exposures and the occurrence of the disease, taking into account the strength of the scientific evidence and the appropriateness of the

statistical and epidemiological methods used to detect the association;

“(2) the increased risk of the disease among those reporting toxic exposures during active military, naval, air, or space service;

“(3) whether there exists a plausible biological mechanism or other evidence of a positive association between the toxic exposure and the occurrence of the disease; and

“(4) determine the strength of evidence for a positive association based on categories furnished under section 1173 of this title.

“(e) COOPERATION OF FEDERAL AGENCIES.—The head of each relevant Federal agency, including the Secretary of Defense, shall cooperate fully with the Academies in performing the services covered by this section.

“(f) RECOMMENDATIONS FOR ADDITIONAL SCIENTIFIC STUDIES.—(1) Under an agreement between the Secretary and the Academies under this section, the Academies shall make any recommendations for additional scientific studies to resolve areas of continuing scientific uncertainty relating to toxic exposures.

“(2) In making recommendations under paragraph (1), the Academies shall consider—

“(A) the scientific information that is available at the time of the recommendation;

“(B) the value and relevance of the information that could result from additional studies; and

“(C) the cost and feasibility of carrying out such additional studies.

“(g) REPORTS.—(1)(A) Under an agreement between the Secretary and the Academies under this section, not later than one year after the date of the enactment of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022, the Academies shall submit to the Secretary, the Committee on Veterans’ Affairs of the Senate, and the Committee on Veterans’ Affairs of the House of Representatives an initial report on the activities of the Academies under the agreement.

“(B) The report submitted under subparagraph (A) shall include the following:

“(i) The determinations described in subsection (d).

“(ii) A full explanation of the scientific evidence and reasoning that led to such determinations.

“(iii) Any recommendations of the Academies under subsection (f).

“(2) Under an agreement between the Secretary and the Academies under this section, not less frequently than once every two years after the date on which the initial report is submitted under paragraph (1)(A), the Academies shall submit to the Secretary, the Committee on Veterans’ Affairs of the Senate, and the Committee on Veterans’ Affairs of the House of Representatives an updated report on the activities of the Academies under the agreement.

“(h) ALTERNATIVE CONTRACT SCIENTIFIC ORGANIZATION.—(1) If the Secretary is unable within the time period prescribed in subsection (b)(2) to enter into an agreement with the Academies for the purposes of this section on terms acceptable to the Secretary, the Secretary shall seek to enter into an agreement for the purposes of this section with another appropriate scientific organization that—

“(A) is not part of the Federal Government;

“(B) operates as a not-for-profit entity; and

“(C) has expertise and objectivity comparable to that of the Academies.

“(2) If the Secretary enters into an agreement with another organization as described in paragraph (1), any reference in this subchapter to the Academies shall be treated as a reference to the other organization.”.

(b) REPORTS AND BRIEFINGS.—

(1) REPORT.—

(A) IN GENERAL.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs of the Senate

and the Committee on Veterans’ Affairs of the House of Representatives a report on the implementation of, and recommendations for, subchapter VII of chapter 11 of title 38, United States Code, as added by subsection (a).

(B) CONSULTATION.—The Secretary shall develop the report under subparagraph (A) in consultation with organizations recognized by the Secretary for the representation of veterans under section 5902 of such title and any other entity the Secretary determines appropriate.

(2) BRIEFING.—On a quarterly basis during the two-year period beginning on the date of the enactment of this Act, the Secretary shall provide to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a briefing on the implementation of subchapter VII of chapter 11 of such title, as added by subsection (a).

(C) INDEPENDENT ASSESSMENT.—

(1) AGREEMENT.—The Secretary shall seek to enter into an agreement with the National Academies of Science, Engineering, and Medicine (in this subsection referred to as the ‘Academies’) before the date that is 90 days after the date of the enactment of this Act to perform the services set forth under paragraph (2).

(2) ASSESSMENT.—

(A) IN GENERAL.—Under an agreement between the Secretary and the Academies under paragraph (1), the Academies shall conduct an assessment of the implementation by the Department of Veterans Affairs of the process established under subchapter VII of chapter 11 of title 38, United States Code, as added by subsection (a).

(B) ELEMENTS.—The assessment conducted under subparagraph (A) shall include the following:

(i) An assessment of the Department’s implementation of the process established under subsection (a) to determine whether the process is in accordance with current scientific standards for assessing the link between exposure to environmental hazards and the development of health outcomes,

(ii) assess whether the criteria is fair and consistent, and

(iii) provide recommendations for improvements to the process.

(3) REPORT.—Not later than one year after the date on which the Secretary enters into an agreement under paragraph (1), the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the findings of the Academies pursuant to such agreement.

(4) ALTERNATIVE CONTRACT SCIENTIFIC ORGANIZATION.—

(A) IN GENERAL.—If the Secretary is unable within the time period prescribed in paragraph (1) to enter into an agreement with the Academies for the purposes of this subsection on terms acceptable to the Secretary, the Secretary shall seek to enter into an agreement for the purposes of this subsection with another appropriate scientific organization that—

(i) is not part of the Federal Government;

(ii) operates as a not-for-profit entity; and

(iii) has expertise and objectivity comparable to that of the Academies.

(B) TREATMENT.—If the Secretary enters into an agreement with another organization as described in subparagraph (A), any reference in this subsection to the Academies of Sciences, Engineering, and Medicine shall be treated as a reference to the other organization.

(d) CONFORMING AMENDMENTS.—Chapter 11 is amended—

(1) in section 1116—

(A) by striking subsections (b), (c), (d), and (e);

(B) by inserting after subsection (a) the following new subsection (b):

“(b) The Secretary shall ensure that any determination made on or after the date of the enactment of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 regarding a presumption of service connection based on exposure to an herbicide agent under this section is made pursuant to subchapter VII of this chapter, including with respect to assessing reports received by the Secretary from the National Academy of Sciences under section 3 of the Agent Orange Act of 1991 (Public Law 102-4).”; and

(C) by redesignating subsection (f) as subsection (c);

(2) in section 1116B(b)(2)(A), by inserting “pursuant to subchapter VII of this chapter,” before “the Secretary determines”; and

(3) in section 1118—

(A) by striking subsections (b) through (e); and

(B) by inserting after subsection (a) the following new subsection (b):

“(b) The Secretary shall ensure that any determination made on or after the date of the enactment of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 regarding a presumption of service connection based on a toxic exposure under this section is made pursuant to subchapter VII of this chapter.”.

**SEC. 203. OUTREACH TO CLAIMANTS FOR DISABILITY COMPENSATION PURSUANT TO CHANGES IN PRESUMPTIONS OF SERVICE CONNECTION.**

(a) IN GENERAL.—Subchapter VI of chapter 11 is amended by adding at the end the following new section:

**“§ 1167. Outreach pursuant to changes in presumptions of service connection**

“(a) IN GENERAL.—Whenever a law, including through a regulation or Federal court decision or settlement, establishes or modifies a presumption of service connection, the Secretary shall—

“(1) identify all claims for compensation under this chapter that—

“(A) were submitted to the Secretary;

“(B) were evaluated and denied by the Secretary before the date on which such provision of law went into effect; and

“(C) might have been evaluated differently had the establishment or modification been applicable to the claim; and

“(2) pursuant to subsection (b), conduct outreach to the claimants.

“(b) OUTREACH.—(1) The Secretary shall conduct outreach to inform claimants identified under subsection (a) that they may submit a supplemental claim in light of the establishment or modification of a presumption of service connection described in subsection (a).

“(2) Outreach under paragraph (1) shall include the following:

“(A) The Secretary shall publish on the internet website of the Department a notice that such veterans may elect to file a supplemental claim.

“(B) The Secretary shall notify, in writing or by electronic means, veterans service organizations of the ability of such veterans to file a supplemental claim.

“(C) The Secretary shall contact each claimant identified under subsection (a) in the same manner that the Department last provided notice of a decision.”.

(b) APPLICATION.—Section 1167 of title 38, United States Code, as added by subsection (a), shall apply with respect to presumptions of service connection established or modified on or after the date of the enactment of this Act, including pursuant to amendments made by this Act.

(c) RULE OF CONSTRUCTION.—Nothing in this section shall be construed as—

(1) modifying the obligations of the Department of Veterans Affairs under Federal court decisions or settlements in effect as of the date of the enactment of this Act; or

(2) requiring a retroactively applied effective date of a supplemental claim earlier than the date a presumption of service connection is established or modified.

**SEC. 204. REEVALUATION OF CLAIMS FOR DEPENDENCY AND INDEMNITY COMPENSATION INVOLVING PRESUMPTIONS OF SERVICE CONNECTION.**

(a) IN GENERAL.—Subchapter I of chapter 13 is amended by adding at the end the following new section:

**“§ 1305. Reevaluation of dependency and indemnity compensation determinations pursuant to changes in presumptions of service connection**

“(a) REEVALUATION.—Whenever a law, including through a regulation or Federal court decision or settlement, establishes or modifies a presumption of service connection, the Secretary shall—

“(1) identify all claims for dependency and indemnity compensation under this chapter that—

“(A) were submitted to the Secretary;

“(B) were evaluated and denied by the Secretary before the date on which such provision of law went into effect; and

“(C) might have been evaluated differently had the establishment or modification been applicable to the claim;

“(2) allow for the reevaluation of such claims at the election of the claimant; and

“(3) notwithstanding section 5110 of this title, with respect to claims approved pursuant to such reevaluation, provide compensation under this chapter effective as if the establishment or modification of the presumption of service connection had been in effect on the date of the submission of the original claim described in paragraph (1).

“(b) OUTREACH.—(1) The Secretary shall conduct outreach to inform relevant claimants that they may elect to have a claim be reevaluated in light of the establishment or modification of a presumption of service connection described in subsection (a).

“(2) Outreach under paragraph (1) shall include the following:

“(A) The Secretary shall publish on the internet website of the Department a notice that such claimants may elect to have a claim so reevaluated.

“(B) The Secretary shall notify, in writing or by electronic means, veterans service organizations of the ability of such claimants to elect to have a claim so reevaluated.

“(C) The Secretary shall contact each claimant identified under subsection (a) in the same manner that the Department last provided notice of a decision.”.

(b) APPLICATION.—Section 1305 of title 38, United States Code, as added by subsection (a), shall apply with respect to presumptions of service connection established or modified on or after the date of the enactment of this Act, including pursuant to amendments made by this Act.

(c) RULE OF CONSTRUCTION.—Nothing in this section shall be construed as modifying the obligations of the Department of Veterans Affairs under Federal court decisions or settlements in effect as of the date of the enactment of this Act.

**TITLE III—IMPROVING THE ESTABLISHMENT OF SERVICE CONNECTION PROCESSES FOR TOXIC-EXPOSED VETERANS**

**SEC. 301. SHORT TITLE.**

This title may be cited as the “Veterans Burn Pits Exposure Recognition Act of 2022”.

**SEC. 302. PRESUMPTIONS OF TOXIC EXPOSURE.**

Subchapter II of chapter 11 is amended by adding at the end the following new section:

**“§ 1119. Presumptions of toxic exposure**

“(a) CONSIDERATION OF RECORDS.—If a veteran submits to the Secretary a claim for compensation for a service-connected disability under section 1110 of this title with evidence of

a disability and a toxic exposure that occurred during active military, naval, air, or space service, the Secretary may, in adjudicating such claim, consider—

“(1) any record of the veteran in an exposure tracking record system; and

“(2) if no record of the veteran in an exposure tracking record system indicates that the veteran was subject to a toxic exposure during active military, naval, air, or space service, the totality of the circumstances of the service of the veteran.

“(b) PRESUMPTION OF SPECIFIC TOXIC EXPOSURE FOR MEMBERS WHO SERVED IN CERTAIN LOCATIONS.—(1) The Secretary shall, for purposes of section 1110 and chapter 17 of this title, presume that any covered veteran was exposed to the substances, chemicals, and airborne hazards identified in the list under paragraph (2) during the service of the covered veteran specified in subsection (c)(1), unless there is affirmative evidence to establish that the covered veteran was not exposed to any such substances, chemicals, or hazards in connection with such service.

“(2) The Secretary shall—

“(A) establish and maintain a list that contains an identification of one or more such substances, chemicals, and airborne hazards as the Secretary, in collaboration with the Secretary of Defense, may determine appropriate for purposes of this section; and

“(B) determine, using procedures consistent with section 1172 of this title and through the conduct of a formal evaluation under section 1173 of this title, whether to establish an end date for a covered veteran to qualify for presumptions of exposure under this section, if appropriate, but in no case establish an end date earlier than the last day of the period specified in section 101(33) for the Persian Gulf War.

“(3) Beginning not later than two years after the date of the enactment of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022, and not less frequently than once every two years thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report identifying any additions or removals to the list under paragraph (2) during the period covered by the report.

“(c) DEFINITIONS.—In this section:

“(1) The term ‘covered veteran’ means any veteran who—

“(A) on or after August 2, 1990, performed active military, naval, air, or space service while assigned to a duty station in, including airspace above—

“(i) Bahrain;

“(ii) Iraq;

“(iii) Kuwait;

“(iv) Oman;

“(v) Qatar;

“(vi) Saudi Arabia;

“(vii) Somalia; or

“(viii) United Arab Emirates; or

“(B) on or after September 11, 2001, performed active military, naval, air, or space service while assigned to a duty station in, including airspace above—

“(i) Afghanistan;

“(ii) Djibouti;

“(iii) Egypt;

“(iv) Jordan;

“(v) Lebanon;

“(vi) Syria;

“(vii) Yemen;

“(viii) Uzbekistan; or

“(ix) any other country determined relevant by the Secretary.

“(2) The term ‘exposure tracking record system’—

“(A) means any system, program, or pilot program used by the Secretary of Veterans Affairs or the Secretary of Defense to track how veterans or members of the Armed Forces have been



exposed to various occupational or environmental hazards; and

“(B) includes the Individual Longitudinal Exposure Record, or successor system.

“(3) The term ‘toxic exposure risk activity’ has the meaning given such term in section 1710(e)(4) of this title.”.

#### **SEC. 303. MEDICAL NEXUS EXAMINATIONS FOR TOXIC EXPOSURE RISK ACTIVITIES.**

Subchapter VI of chapter 11, as amended by section 203, is further amended by adding at the end the following new section:

##### **“§ 1168. Medical nexus examinations for toxic exposure risk activities**

“(a) MEDICAL EXAMINATIONS AND MEDICAL OPINIONS.—(1) Except as provided in subsection (b), if a veteran submits to the Secretary a claim for compensation for a service-connected disability under section 1110 of this title with evidence of a disability and evidence of participation in a toxic exposure risk activity during active military, naval, air, or space service, and such evidence is not sufficient to establish a service connection for the disability, the Secretary shall—

“(A) provide the veteran with a medical examination under section 5103A(d) of this title; and

“(B) obtain a medical opinion (to be requested by the Secretary in connection with the medical examination under subparagraph (A)) as to whether it is at least as likely as not that there is a nexus between the disability and the toxic exposure risk activity.

“(2) When providing the Secretary with a medical opinion under paragraph (1)(B) for a veteran, the health care provider shall consider—

“(A) the total potential exposure through all applicable military deployments of the veteran; and

“(B) the synergistic, combined effect of all toxic exposure risk activities of the veteran.

“(3) The requirement under paragraph (2)(B) shall not be construed as requiring a health care provider to consider the synergistic, combined effect of each of the substances, chemicals, and airborne hazards identified in the list under section 1119(b)(2) of this title.

“(b) EXCEPTION.—Subsection (a) shall not apply if the Secretary determines there is no indication of an association between the disability claimed by the veteran and the toxic exposure risk activity for which the veteran submitted evidence.

“(c) TOXIC EXPOSURE RISK ACTIVITY DEFINED.—In this section, the term ‘toxic exposure risk activity’ has the meaning given that term in section 1710(e)(4) of this title.”.

#### **TITLE IV—PRESUMPTIONS OF SERVICE CONNECTION**

##### **SEC. 401. TREATMENT OF VETERANS WHO PARTICIPATED IN CLEANUP OF ENEWETAK ATOLL AS RADIATION-EXPOSED VETERANS FOR PURPOSES OF PRESUMPTION OF SERVICE CONNECTION OF CERTAIN DISABILITIES BY DEPARTMENT OF VETERANS AFFAIRS.**

(a) SHORT TITLE.—This section may be cited as the “Mark Takai Atomic Veterans Healthcare Parity Act of 2022”.

(b) ENEWETAK ATOLL.—Section 1112(c)(3)(B) is amended by adding at the end the following new clause:

“(v) Cleanup of Enewetak Atoll during the period beginning on January 1, 1977, and ending on December 31, 1980.”.

##### **SEC. 402. TREATMENT OF VETERANS WHO PARTICIPATED IN NUCLEAR RESPONSE NEAR PALOMARES, SPAIN, OR THULE, GREENLAND, AS RADIATION-EXPOSED VETERANS FOR PURPOSES OF PRESUMPTION OF SERVICE CONNECTION OF CERTAIN DISABILITIES BY DEPARTMENT OF VETERANS AFFAIRS.**

(a) SHORT TITLE.—This section may be cited as the “Palomares or Thule Veterans Act of 2022”.

(b) PALOMARES OR THULE.—Section 1112(c)(3)(B), as amended by section 401, is further amended by adding at the end the following new clauses:

“(vi) Onsite participation in the response effort following the collision of a United States Air Force B-52 bomber and refueling plane that caused the release of four thermonuclear weapons in the vicinity of Palomares, Spain, during the period beginning January 17, 1966, and ending March 31, 1967.

“(vii) Onsite participation in the response effort following the on-board fire and crash of a United States Air Force B-52 bomber that caused the release of four thermonuclear weapons in the vicinity of Thule Air Force Base, Greenland, during the period beginning January 21, 1968, and ending September 25, 1968.”.

##### **SEC. 403. PRESUMPTIONS OF SERVICE CONNECTION FOR DISEASES ASSOCIATED WITH EXPOSURES TO CERTAIN HERBICIDE AGENTS FOR VETERANS WHO SERVED IN CERTAIN LOCATIONS.**

(a) SHORT TITLE.—This section may be cited as the “Veterans Agent Orange Exposure Equity Act of 2022”.

(b) IN GENERAL.—Section 1116, as amended by section 202, is further amended—

(1) by striking “, during active military, naval, air, or space service, served in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975” each place it appears and inserting “performed covered service”;

(2) by striking “performed active military, naval, air, or space service in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975” each place it appears and inserting “performed covered service”; and

(3) by adding at the end the following new subsection:

“(d) In this section, the term ‘covered service’ means active military, naval, air, or space service—

“(1) performed in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975;

“(2) performed in Thailand at any United States or Royal Thai base during the period beginning on January 9, 1962, and ending on June 30, 1976, without regard to where on the base the veteran was located or what military job specialty the veteran performed;

“(3) performed in Laos during the period beginning on December 1, 1965, and ending on September 30, 1969;

“(4) performed in Cambodia at Mimot or Krek, Kampong Cham Province during the period beginning on April 16, 1969, and ending on April 30, 1969; or

“(5) performed on Guam or American Samoa, or in the territorial waters thereof, during the period beginning on January 9, 1962, and ending on July 31, 1980, or served on Johnston Atoll or on a ship that called at Johnston Atoll during the period beginning on January 1, 1972, and ending on September 30, 1977.”.

(c) ELIGIBILITY FOR HOSPITAL CARE AND MEDICAL SERVICES.—Section 1710(e)(4), as amended by section 102(c), is further amended by striking subparagraph (A) and inserting the following new subparagraph:

“(A) The term ‘Vietnam-era herbicide-exposed veteran’ means a veteran who—

“(i) performed covered service, as defined in section 1116(d) of this title; or

“(ii) the Secretary finds may have been exposed during active military, naval, air, or space service to dioxin during the Vietnam era, regardless of the geographic area of such service, or was exposed during such service to a toxic substance found in a herbicide or defoliant used for military purposes during such era, regardless of the geographic area of such service.”.

(d) CONFORMING AMENDMENT.—The heading for section 1116 is amended by striking “the Re-

public of Vietnam” and inserting “certain locations”.

(e) EFFECTIVE DATE AND APPLICABILITY.—The amendments made by this section shall take effect on the date of the enactment of this Act and shall apply as follows:

(1) On the date of the enactment of this Act for claimants for dependency and indemnity compensation under chapter 13 of title 38, United States Code, and for veterans whom the Secretary of Veterans Affairs determines are—

(A) terminally ill;

(B) homeless;

(C) under extreme financial hardship;

(D) more than 85 years old; or

(E) capable of demonstrating other sufficient cause.

(2) On October 1, 2022, for everyone not described in paragraph (1).

##### **SEC. 404. ADDITION OF ADDITIONAL DISEASES ASSOCIATED WITH EXPOSURE TO CERTAIN HERBICIDE AGENTS FOR WHICH THERE IS A PRESUMPTION OF SERVICE CONNECTION FOR VETERANS WHO SERVED IN CERTAIN LOCATIONS.**

(a) SHORT TITLE.—This section may be cited as the “Fair Care for Vietnam Veterans Act of 2022”.

(b) MONOCLONAL GAMMOPATHY OF UNDETERMINED SIGNIFICANCE.—Section 1116(a)(2) of title 38, United States Code, is amended by adding at the end the following new subparagraph:

“(L) Monoclonal gammopathy of undetermined significance.”.

(c) HYPERTENSION.—Such section, as amended by subsection (b), is further amended by adding at the end the following new subparagraph:

“(M) Hypertension.”.

(d) EFFECTIVE DATES AND APPLICABILITY.—

(1) MONOCLONAL GAMMOPATHY OF UNDETERMINED SIGNIFICANCE.—

(A) IN GENERAL.—The amendment made by subsection (b) shall take effect on the date of the enactment of this Act and shall apply as follows:

(i) On the date of the enactment of this Act for claimants for dependency and indemnity compensation under chapter 13 of title 38, United States Code, and for veterans whom the Secretary of Veterans Affairs determines are—

(I) terminally ill;

(II) homeless;

(III) under extreme financial hardship;

(IV) more than 85 years old; or

(V) capable of demonstrating other sufficient cause.

(ii) On October 1, 2022, for everyone not described in clause (i).

(B) RETROACTIVE APPLICATION.—Notwithstanding any Federal court decisions or settlements in effect on the day before the date of the enactment of this Act, the Secretary of Veterans Affairs shall award retroactive claims for a condition under section 1116(a)(2)(L) of title 38, United States Code, as added by subsection (b) of this section, only to claimants for dependency and indemnity compensation under chapter 13 of such title described in subparagraph (A)(i) of this paragraph.

(2) HYPERTENSION.—

(A) IN GENERAL.—The amendment made by subsection (c) shall take effect on the date of the enactment of this Act and shall apply as follows:

(i) On the date of the enactment of this Act for claimants for dependency and indemnity compensation under chapter 13 of title 38, United States Code, and for veterans whom the Secretary of Veterans Affairs determines are—

(I) terminally ill;

(II) homeless;

(III) under extreme financial hardship;

(IV) more than 85 years old; or

(V) capable of demonstrating other sufficient cause.

(ii) On October 1, 2026, for everyone not described in subparagraph (A).

(B) **RETROACTIVE APPLICATION.**—Notwithstanding any Federal court decisions or settlements in effect on the day before the date of the enactment of this Act, the Secretary of Veterans Affairs shall award retroactive claims for a condition under section 1116(a)(2)(M) of title 38, United States Code, as added by subsection (c) of this section, only to claimants for dependency and indemnity compensation under chapter 13 of such title described in subparagraph (A)(i) of this paragraph.

**SEC. 405. IMPROVING COMPENSATION FOR DISABILITIES OCCURRING IN PERSIAN GULF WAR VETERANS.**

(a) **REDUCTION IN THRESHOLD OF ELIGIBILITY.**—Subsection (a)(1) of section 1117 is amended by striking “became manifest—” and all that follows through the period at the end and inserting “became manifest to any degree at any time.”

(b) **PERMANENT EXTENSION OF PERIOD OF ELIGIBILITY.**—Such section is further amended—

(1) by striking subsection (b);

(2) by redesignating subsections (c) and (d) as subsections (b) and (c), respectively; and

(3) in subsection (a)(2)(C), by striking “under subsection (d)” and inserting “under subsection (c)”.

(c) **ESTABLISHING SINGULAR DISABILITY-BASED QUESTIONNAIRE.**—Such section is further amended by inserting after subsection (c) (as redesignated by subsection (b)) the following new subsection (d):

“(d) If a Persian Gulf veteran at a medical facility of the Department presents with any one symptom associated with Gulf War Illness, the Secretary shall ensure that health care personnel of the Department use a disability benefits questionnaire, or successor questionnaire, designed to identify Gulf War Illness, in addition to any other diagnostic actions the personnel determine appropriate.”

(d) **EXPANSION OF DEFINITION OF PERSIAN GULF VETERAN.**—Subsection (f) of such section is amended by inserting “, Afghanistan, Israel, Egypt, Turkey, Syria, or Jordan,” after “operations”.

(e) **TRAINING.**—Such section is further amended by adding at the end the following new subsection:

“(i)(1) The Secretary shall take such actions as may be necessary to ensure that health care personnel of the Department are appropriately trained to effectively carry out this section.

“(2) Not less frequently than once each year, the Secretary shall submit to Congress a report on the actions taken by the Secretary to carry out paragraph (1).”

**SEC. 406. PRESUMPTION OF SERVICE CONNECTION FOR CERTAIN DISEASES ASSOCIATED WITH EXPOSURE TO BURN PITS AND OTHER TOXINS.**

(a) **SHORT TITLE.**—This section may be cited as the “Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act of 2022”.

(b) **IN GENERAL.**—Subchapter II of chapter 11, as amended by section 302, is further amended by inserting after section 1119 the following new section:

**“§ 1120. Presumption of service connection for certain diseases associated with exposure to burn pits and other toxins**

“(a) **PRESUMPTION OF SERVICE CONNECTION.**—For the purposes of section 1110 of this title, and subject to section 1113 of this title, a disease specified in subsection (b) becoming manifest in a covered veteran shall be considered to have been incurred in or aggravated during active military, naval, air, or space service, notwithstanding that there is no record of evidence of such disease during the period of such service.

“(b) **DISEASES SPECIFIED.**—The diseases specified in this subsection are the following:

“(1) Asthma that was diagnosed after service of the covered veteran as specified in subsection (c).

“(2) The following types of cancer:

“(A) Head cancer of any type.

“(B) Neck cancer of any type.

“(C) Respiratory cancer of any type.

“(D) Gastrointestinal cancer of any type.

“(E) Reproductive cancer of any type.

“(F) Lymphoma cancer of any type.

“(G) Lymphomatic cancer of any type.

“(H) Kidney cancer.

“(I) Brain cancer.

“(J) Melanoma.

“(K) Pancreatic cancer.

“(3) Chronic bronchitis.

“(4) Chronic obstructive pulmonary disease.

“(5) Constrictive bronchiolitis or obliterative bronchiolitis.

“(6) Emphysema.

“(7) Granulomatous disease.

“(8) Interstitial lung disease.

“(9) Pleuritis.

“(10) Pulmonary fibrosis.

“(11) Sarcoidosis.

“(12) Chronic sinusitis.

“(13) Chronic rhinitis.

“(14) Glioblastoma.

“(15) Any other disease for which the Secretary determines, pursuant to regulations prescribed under subchapter VII that a presumption of service connection is warranted based on a positive association with a substance, chemical, or airborne hazard identified in the list under section 1119(b)(2) of this title.

“(c) **COVERED VETERAN DEFINED.**—In this section, the term “covered veteran” has the meaning given that term in section 1119(c) of this title.”

(c) **CONFORMING AMENDMENT.**—Section 1113 is amended by striking “or 1118” each place it appears and inserting “1118, or 1120”.

(d) **EFFECTIVE DATE AND APPLICABILITY.**—The amendments made by this section shall take effect on the date of the enactment of this Act and shall apply as follows:

(1) On the date of the enactment of this Act for claimants for dependency and indemnity compensation under chapter 13 of title 38, United States Code, and veterans whom the Secretary of Veterans Affairs determines are—

(A) terminally ill;

(B) homeless;

(C) under extreme financial hardship;

(D) more than 85 years old; or

(E) capable of demonstrating other sufficient cause.

(2) On the date of the enactment of this Act for everyone not described in paragraph (1), with respect to paragraphs (1), (2)(C), (2)(I), (5), (6), (7), (8), (9), (10), (11), (12), (13), and (14), of section 1120(b) of title 38, United States Code, as added by subsection (b).

(3) On October 1, 2023, for everyone not described in paragraph (1), with respect to paragraphs (3) and (4) of section 1120(b) of such title, as so added.

(4) On October 1, 2024, for everyone not described in paragraph (1), with respect to subparagraphs (A), (B), (D), (E), (F), (G), and (K) of section 1120(b)(2) of such title, as so added.

(5) On October 1, 2025, for everyone not described in paragraph (1), with respect to subparagraphs (H) and (J) of section 1120(b)(2) of such title, as so added.

**SEC. 407. RULE OF CONSTRUCTION.**

(a) **GENERALLY.**—Nothing in this Act shall be construed to prevent the Secretary of Veterans Affairs from processing claims for benefits under title 38, United States Code, for a condition or disease for which this Act establishes a presumption of service connection, as a claim for benefits for a condition or disease with direct service connection.

(b) **EFFECTIVE DATES AND APPLICABILITY.**—The Secretary shall not deny a claim for benefits under title 38, United States Code, for a condition or disease for which this Act establishes a presumption of service connection because the claimant filed the claim prior to the effective date or date of applicability for that particular condition or disease.

**TITLE V—RESEARCH MATTERS**

**SEC. 501. INTERAGENCY WORKING GROUP ON TOXIC EXPOSURE RESEARCH.**

(a) **ESTABLISHMENT.**—

(1) **IN GENERAL.**—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall, in collaboration with the heads of the entities described in paragraph (2), establish the Toxic Exposure Research Working Group (in this section referred to as the “Working Group”).

(2) **COMPOSITION.**—The Working Group shall consist of employees, selected by the Secretary, of the following:

(A) The Department of Veterans Affairs.

(B) The Department of Defense.

(C) The Department of Health and Human Services.

(D) The Environmental Protection Agency.

(E) Other entities of the Federal Government involved in research activities regarding the health consequences of toxic exposures experienced during active military, naval, air, or space service.

(b) **FUNCTIONS.**—The Working Group shall perform the following functions:

(1) Identify collaborative research activities and resources available among entities represented by members of the Working Group to conduct such collaborative research activities.

(2) Develop a five-year strategic plan for such entities to carry out collaborative research activities.

(c) **REPORTING.**—The Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives the following:

(1) Not later than one year after the date of the enactment of this Act, a report on the establishment of the Working Group under subsection (a).

(2) Not later than two years after the date of the enactment of this Act, a report containing the collaborative research activities identified, and the strategic plan developed, by the Working Group under subsection (b).

(3) Not less frequently than annually during the five-year period covered by the strategic plan under subsection (b), a progress report on implementation of the strategic plan.

(d) **TERMINATION.**—The Working Group shall terminate after submitting the final report under subsection (c).

(e) **DEFINITIONS.**—In this section:

(1) **ACTIVE MILITARY, NAVAL, AIR, OR SPACE SERVICE.**—The term “active military, naval, air, or space service” has the meaning given that term in section 101 of title 38, United States Code.

(2) **COLLABORATIVE RESEARCH ACTIVITY.**—The term “collaborative research activity” means a research activity—

(A) agreed upon by the Working Group;

(B) conducted by an entity represented by a member of the Working Group;

(C) funded by the Federal Government; and

(D) regarding the health consequences of toxic exposures experienced during active military, naval, air, or space service.

(3) **TOXIC EXPOSURE.**—The term “toxic exposure” has the meaning given such term in section 101 of title 38, United States Code, as amended by section 102(b).

**SEC. 502. ANALYSIS AND REPORT ON TREATMENT OF VETERANS FOR MEDICAL CONDITIONS RELATED TO TOXIC EXPOSURE.**

(a) **IN GENERAL.**—The Secretary of Veterans Affairs shall analyze, on a continuous basis, all clinical data that—

(1) is obtained by the Department of Veterans Affairs in connection with hospital care, medical services, and nursing home care furnished under section 1710(a)(2)(F) of title 38, United States Code; and

(2) is likely to be scientifically useful in determining the association, if any, between the medical condition of a veteran and a toxic exposure.



(b) **ANNUAL REPORT.**—Not later than one year after the date of the enactment of this Act, and annually thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report containing the following:

(1) The aggregate data compiled under subsection (a).

(2) An analysis of such data.

(3) A description of the types and incidences of medical conditions identified by the Department under such subsection.

(4) The explanation of the Secretary for the incidence of such medical conditions and other explanations for the incidence of such conditions as the Secretary considers reasonable.

(5) The views of the Secretary on the scientific validity of drawing conclusions from the incidence of such medical conditions, as evidenced by the data compiled under subsection (a), regarding any association between such conditions and toxic exposures.

(c) **TOXIC EXPOSURE DEFINED.**—In this section, the term "toxic exposure" has the meaning given such term in section 101 of title 38, United States Code, as amended by section 102(b).

**SEC. 503. ANALYSIS RELATING TO MORTALITY OF VETERANS WHO SERVED IN SOUTH-WEST ASIA.**

(a) **ANALYSIS.**—

(1) **IN GENERAL.**—Not later than 270 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, in coordination with the Secretary of Defense, shall conduct an updated analysis of total and respiratory disease mortality in covered veterans.

(2) **ELEMENTS.**—The analysis required by paragraph (1) shall include, to the extent practicable, the following with respect to each covered veteran:

(A) Metrics of airborne exposures.

(B) The location and timing of deployments of the veteran.

(C) The military occupational specialty of the veteran.

(D) The Armed Force in which the veteran served.

(E) Pre-existing health status of the veteran, including with respect to asthma.

(F) Relevant personal information of the veteran, including cigarette and e-cigarette smoking history, diet, sex, gender, age, race, and ethnicity.

(b) **COVERED VETERAN DEFINED.**—In this section, the term "covered veteran" means any veteran who—

(1) on or after August 2, 1990, served on active duty in—

(A) Bahrain;

(B) Iraq;

(C) Kuwait;

(D) Oman;

(E) Qatar;

(F) Saudi Arabia;

(G) Somalia; or

(H) the United Arab Emirates; or

(2) on or after September 11, 2001, served on active duty in—

(A) Afghanistan;

(B) Djibouti;

(C) Egypt;

(D) Jordan;

(E) Lebanon;

(F) Syria; or

(G) Yemen.

**SEC. 504. STUDY ON HEALTH TRENDS OF POST-9/11 VETERANS.**

The Secretary of Veterans Affairs shall conduct an epidemiological study on the health trends of veterans who served in the Armed Forces after September 11, 2001.

**SEC. 505. STUDY ON CANCER RATES AMONG VETERANS.**

(a) **IN GENERAL.**—The Secretary of Veterans Affairs shall conduct a study on the incidence of cancer in veterans to determine trends in the rates of the incidence of cancer in veterans.

(b) **ELEMENTS.**—The study required by subsection (a) shall assess, with respect to each veteran included in the study, the following:

(1) The age of the veteran.

(2) The period of service and length of service of the veteran in the Armed Forces.

(3) The military occupational specialty or specialties of the veteran.

(4) The sex of the veteran.

(5) The type or types of cancer that the veteran has.

**SEC. 506. STUDY ON HEALTH EFFECTS OF WASTE RELATED TO MANHATTAN PROJECT ON CERTAIN VETERANS.**

(a) **STUDY.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into an agreement with the National Academies of Sciences, Engineering, and Medicine for the conduct of a study on the health trends of veterans who, while serving in the active military, naval, air, or space service—

(1) participated in activities relating to the Manhattan Project (including activities relating to covered waste) in connection with such service; or

(2) resided at or near, as determined by the Secretary, the locations described in subsection (b).

(b) **COVERED LOCATIONS.**—The locations described in this subsection are the following locations:

(1) In the county of St. Louis, Missouri, the following:

(A) Coldwater Creek, Missouri.

(B) The St. Louis Airport Site, Missouri.

(C) The West Lake Landfill.

(D) Oak Ridge, Tennessee.

(E) Hanford, Washington.

(4) Any other location that is proximate to covered waste, as determined by the Secretary.

(c) **ELEMENTS.**—The study under subsection (a) shall assess, with respect to each veteran included in the study, the following:

(1) The age, sex, and race of the veteran.

(2) The period and location of exposure to covered waste.

(3) Any type of cancer, or other illness associated with toxic exposure, that the veteran has.

(4) A comparison of the overall health condition of the veteran, including any illness of the veteran identified pursuant to paragraph (3), with the overall health condition of past and present civilian populations residing at the same location of exposure, as determined by the Secretary.

(d) **REPORT.**—Not later than three years after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the study under subsection (a) and include in such report an analysis of the data available and data reliability.

(e) **DEFINITIONS.**—In this section:

(1) **ACTIVE MILITARY, NAVAL, AIR, OR SPACE SERVICE; TOXIC EXPOSURE.**—The terms "active military, naval, air, or space service" and "toxic exposure" have the meanings given those terms in section 101 of title 38, United States Code, as added by section 102(b).

(2) **COVERED WASTE.**—The term "covered waste" means any waste arising from activities carried out in connection with the Manhattan Project.

(3) **ILLNESS.**—The term "illness" has the meaning given that term in section 1171 of title 38, United States Code, as added by section 202.

(4) **TOXIC EXPOSURE.**—The term "toxic exposure" has the meaning given such term in section 101 of title 38, United States Code, as amended by section 102(b).

**SEC. 507. STUDY ON TOXIC EXPOSURE AND MENTAL HEALTH OUTCOMES.**

(a) **STUDY REQUIRED.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into an agreement with the National Academies of

Sciences, Engineering, and Medicine for the conduct of a study of veterans to assess possible relationships between toxic exposures experienced during service in the Armed Forces and mental health conditions, including chronic multisymptom illness, traumatic brain injury, post-traumatic stress disorder, depression, episodes of psychosis, schizophrenia, bipolar disorder, suicide attempts, and suicide deaths.

(b) **ELEMENTS.**—For each veteran included in the study under subsection (a), the following information shall be collected and assessed:

(1) Age.

(2) Sex.

(3) Race and ethnicity.

(4) Period and length of service in the Armed Forces.

(5) The military occupational specialty or specialties of the veteran.

(6) History of toxic exposure during service in the Armed Forces.

(7) Any diagnosis of chronic multisymptom illness.

(8) Any diagnosis of a mental health or cognitive disorder.

(9) Any history of suicide attempt or suicidality.

(10) If the veteran died by suicide.

(11) Any confounding traumatic experiences that could affect a veteran's mental health.

(c) **REPORT.**—Not later than three years after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report containing the findings of the National Academies of Sciences, Engineering, and Medicine with respect to the study conducted under subsection (a).

**SEC. 508. STUDY ON VETERANS IN TERRITORIES OF THE UNITED STATES.**

(a) **GAO STUDY.**—

(1) **IN GENERAL.**—The Comptroller General of the United States shall conduct a study on the state of access and barriers to benefits and services furnished by the Veterans Benefits Administration and the Veterans Health Administration under laws administered by the Secretary of Veterans Affairs to veterans in Territories and Freely Associated States of the United States, including deficits in the availability and accessibility of such benefits and services compared to veterans elsewhere in the United States.

(2) **ELEMENTS.**—The study under paragraph (1) shall include—

(A) the number of veterans in each Territory and Freely Associated State of the United States;

(B) the number of veterans in each Territory and Freely Associated State who are enrolled in the system of annual patient enrollment of the Department of Veterans Affairs under section 1705(a) of title 38, United States Code;

(C) a description of how the Department estimates the number of veterans in each Territory and Freely Associated State who are eligible for services under section 1710 of such title but who are not enrolled as described in subparagraph (B);

(D) a detailed description of obstacles facing veterans in each Territory and Freely Associated State in accessing health care services, including those involving the availability of such services to veterans in the Territory or Freely Associated State in which the veterans reside, and any distance impediments to receiving services at a regional medical center of the Veterans Health Administration, a community-based outpatient clinic, another full-service medical facility of the Department, or a Vet Center, respectively;

(E) a detailed description of obstacles facing veterans in each Territory and Freely Associated State in accessing readjustment counseling

services, including those involving the availability of such services to veterans in the Territory in which the veterans reside, and any distance impediments to receiving services at a readjustment counseling services center of the Department;

(F) a detailed description of obstacles facing veterans in each Territory and Freely Associated State in accessing non-health care veterans benefits, including those involving the availability of benefits and services to veterans in the Territory or Freely Associated State in which the veterans reside, and any distance impediments to accessing the nearest office of the Veterans Benefits Administration;

(G) an analysis of the staffing and quality of the offices of the Veterans Benefits Administration and Veterans Health Administration charged with serving veterans in the Territories and Freely Associated States, including the availability of the full- and part-time staff of each office to the veterans they are charged with serving;

(H) an analysis of the availability of the Veterans Community Care Program established under section 1703 of title 38, United States Code, to veterans in each Territory and Freely Associated State;

(I) an analysis of the economic and health outcomes for veterans in each Territory or Freely Associated State resulting from obstacles to accessing adequate assistance and health care at facilities of the Department;

(J) an analysis of the access to benefit assistance and health care provided to veterans in the aftermath of major disasters declared in each of the Territories and Freely Associated States since September 4, 2017; and

(K) such recommendations as the Comptroller General considers appropriate for improving access of veterans in the Territories and Freely Associated States to benefits and health care services furnished by the Secretary, and reducing barriers and deficits in the availability and accessibility of such benefits and services compared to veterans elsewhere in the United States.

(b) **BRIEFING.**—Not later than one year after the date of the enactment of this Act, the Comptroller General shall provide to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a briefing setting forth the results of the study conducted under subsection (a), including any recommendations developed under paragraph (2)(K) of such subsection.

(c) **DEFINITIONS.**—In this section:

(1) **FREELY ASSOCIATED STATE.**—The term “Freely Associated State” includes the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

(2) **TERRITORY.**—The term “Territory” includes American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico, and the Virgin Islands.

(3) **VET CENTER.**—The term “Vet Center” has the meaning given that term in section 1712A(h) of title 38, United States Code.

#### **SEC. 509. DEPARTMENT OF VETERANS AFFAIRS PUBLIC WEBSITE FOR TOXIC EXPOSURE RESEARCH.**

(a) **WEBSITE.**—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish, and maintain thereafter, a publicly accessible internet website of the Department of Veterans Affairs that serves as a clearinghouse for the publication of all toxic exposure research carried out or funded by the executive branch of the Federal Government.

(b) **COORDINATION.**—In carrying out subsection (a), the Secretary shall coordinate with—

(1) the heads of each Federal agency carrying out or funding toxic exposure research;

(2) the War Related Illness and Injury Study Center of the Department of Veterans Affairs, or successor center; and

(3) any working group of the Department of Veterans Affairs or other similar entity responsible for coordinating toxic exposure research.

(c) **DEFINITIONS.**—In this section:

(1) **TOXIC EXPOSURE.**—The term “toxic exposure” has the meaning given that term in section 101 of title 38, United States Code, as added by section 102(b).

(2) **TOXIC EXPOSURE RESEARCH.**—The term “toxic exposure research” means research on the health consequences of toxic exposures experienced during service in the Armed Forces.

#### **SEC. 510. REPORT ON HEALTH EFFECTS OF JET FUELS USED BY ARMED FORCES.**

(a) **INITIAL REPORT.**—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives, and make publicly available, a report on health effects of jet fuels used by the Armed Forces.

(b) **CONTENTS.**—The report submitted under subsection (a) shall include the following:

(1) A discussion of the effect of various different types of jet fuels used by the Armed Forces on the health of individuals by length of exposure.

(2) An identification of the immediate symptoms of jet fuel exposure that may indicate future health risks.

(3) A chronology of health safeguards implemented by the Armed Forces intended to reduce the exposure of members of the Armed Forces to jet fuel.

(4) An identification of any areas relating to jet fuel exposure about which new research needs to be conducted.

(c) **FOLLOW-UP REPORT.**—Not later than five years after the date of the submittal of the report under subsection (a), the Secretary shall submit to the committees referred to in such subsection an update to such report.

#### **TITLE VI—IMPROVEMENT OF RESOURCES AND TRAINING REGARDING TOXIC-EXPOSED VETERANS**

##### **SEC. 601. SHORT TITLE; DEFINITIONS.**

(a) **SHORT TITLE.**—This title may be cited as the “Fairly Assessing Service-related Toxic Exposure Residuals Presumptions Act of 2022” or the “FASTER Presumption Act of 2022”.

(b) **DEFINITIONS.**—In this title, the terms “active military, naval, air, or space service”, “toxic exposure”, and “toxic-exposed veteran” have the meanings given those terms in section 101 of title 38, United States Code, as amended by section 102.

##### **SEC. 602. PUBLICATION OF LIST OF RESOURCES OF DEPARTMENT OF VETERANS AFFAIRS FOR TOXIC-EXPOSED VETERANS AND VETERANS WHO REPORT TOXIC EXPOSURES AND OUTREACH PROGRAM FOR SUCH VETERANS AND CAREGIVERS AND SURVIVORS OF SUCH VETERANS.**

(a) **PUBLICATION OF LIST OF RESOURCES.**—

(1) **IN GENERAL.**—Not later than one year after the date of the enactment of this Act, and annually thereafter, the Secretary of Veterans Affairs shall publish a list of resources of the Department of Veterans Affairs for—

(A) toxic-exposed veterans and veterans who report toxic exposure;

(B) families and caregivers of such veterans; and

(C) survivors of such veterans who are receiving death benefits under the laws administered by the Secretary.

(2) **UPDATE.**—The Secretary shall periodically update the list published under paragraph (1).

(b) **OUTREACH.**—The Secretary shall develop, with input from the community, an informative outreach program for veterans on illnesses that may be related to toxic exposures, including outreach with respect to benefits and support programs.

##### **SEC. 603. INCORPORATION OF TOXIC EXPOSURE SCREENING FOR VETERANS.**

(a) **IN GENERAL.**—Beginning not later than 90 days after the date of the enactment of this Act,

the Secretary of Veterans Affairs shall incorporate a screening to help determine potential toxic exposures during active military, naval, air, or space service as part of a health care screening furnished by the Department of Veterans Affairs to veterans enrolled in the system of annual patient enrollment of the Department established and operated under section 1705 of title 38, United States Code, to improve understanding by the Department of toxic exposures while serving in the Armed Forces.

(b) **TIMING.**—The Secretary shall ensure that a veteran described in subsection (a) completes the screening required under such subsection not less frequently than once every five years.

(c) **DETERMINATION OF QUESTIONS.**—

(1) **IN GENERAL.**—The questions included in the screening required under subsection (a) shall be determined by the Secretary with input from medical professionals.

(2) **SPECIFIC QUESTIONS.**—At a minimum, the screening required under subsection (a) shall, with respect to a veteran, include—

(A) a question about the potential exposure of the veteran to an open burn pit; and

(B) a question regarding toxic exposures that are commonly associated with service in the Armed Forces.

(3) **OPEN BURN PIT DEFINED.**—In this subsection, the term “open burn pit” means an area of land that—

(A) is designated by the Secretary of Defense to be used for disposing solid waste by burning in the outdoor air; and

(B) does not contain a commercially manufactured incinerator or other equipment specifically designed and manufactured for the burning of solid waste.

(d) **PRINT MATERIAL.**—In developing the screening established under subsection (a), the Secretary shall ensure that print materials complementary to such screening that outline related resources for veterans are available at each medical center of the Department to veterans who may not have access to the internet.

(e) **SCREENING UPDATES.**—The Secretary shall consider updates to the content of the screening required under subsection (a) not less frequently than biennially to ensure the screening contains the most current information.

##### **SEC. 604. TRAINING FOR PERSONNEL OF THE DEPARTMENT OF VETERANS AFFAIRS WITH RESPECT TO VETERANS WHO REPORT TOXIC EXPOSURES.**

(a) **HEALTH CARE PERSONNEL.**—The Secretary of Veterans Affairs shall provide to health care personnel of the Department of Veterans Affairs education and training to identify, treat, and assess the impact on veterans of illnesses related to toxic exposures and inform such personnel of how to ask for additional information from veterans regarding different toxic exposures.

(b) **BENEFITS PERSONNEL.**—

(1) **IN GENERAL.**—The Secretary shall incorporate a training program for processors of claims under the laws administered by the Secretary who review claims for disability benefits relating to service-connected disabilities based on toxic exposures.

(2) **ANNUAL TRAINING.**—Training provided to processors under paragraph (1) shall be provided not less frequently than annually.

#### **TITLE VII—RESOURCING**

##### **SEC. 701. AUTHORITY TO USE APPROPRIATIONS TO ENHANCE CLAIMS PROCESSING CAPACITY AND AUTOMATION.**

(a) **AUTHORITY.**—The Secretary of Veterans Affairs may use, from amounts appropriated to the Cost of War Toxic Exposures Fund established by section 324 of title 38, United States Code, as added by section 805 of this Act, such amounts as may be necessary to continue the modernization, development, and expansion of capabilities and capacity of information technology systems and infrastructure of the Veterans Benefits Administration, including for claims automation, to support expected increased claims processing for newly eligible veterans pursuant to this Act.

(b) **PLAN FOR MODERNIZATION OF VETERANS BENEFITS ADMINISTRATION INFORMATION TECHNOLOGY SYSTEMS.**—

(1) **IN GENERAL.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the appropriate congressional committees a plan for the modernization of the information technology systems of the Veterans Benefits Administration. The plan shall cover the first fiscal year that begins after the date of the enactment of this Act and the subsequent four fiscal years and shall include each of the following:

(A) An identification of any information system to be modernized or retired, if applicable, during the period covered by the plan.

(B) A description of how the Secretary intends to incorporate the following principles into the modernization of such information systems:

(i) The purpose of automation should be to increase the speed and accuracy of claims processing decisions.

(ii) Automation should be conducted in a manner that enhances the productivity of employees of the Department of Veterans Affairs.

(iii) Automation should be carried out in a manner that achieves greater consistency in the processing and rating of claims by relying on patterns of similar evidence in claim files.

(iv) To the greatest extent possible, automation should be carried out by drawing from information in the possession of the Department, other Government agencies, and applicants for benefits.

(v) Automation of any claims analysis or determination process should not be end-to-end or lack intermediation.

(vi) Employees of the Department should continue to make decisions with respect to the approval of claims and the granting of benefits.

(vii) Automation should not be carried out in a manner that reduces or infringes upon the due process rights of applicants for benefits under the laws administered by the Secretary; or the duties of the Secretary to assist and notify claimants.

(viii) Automation should be carried out while taking all necessary measures to protect the privacy of claimants and their personally identifiable information.

(ix) Automation of claims processing should not eliminate or reduce the workforce of the Veterans Benefits Administration.

(C) An identification of targets, for each fiscal year, by which the Secretary intends to complete the modernization of each information system or major component or functionality of such system identified under subparagraph (A).

(D) Cost estimates for the modernization of each information system identified under paragraph (A) for each fiscal year covered by the plan and in total.

(2) **APPROPRIATE CONGRESSIONAL COMMITTEES.**—In this section, the term “appropriate congressional committees” means—

(A) the Committee on Veterans’ Affairs and the Subcommittee on Military Construction, Veterans Affairs, and Related Agencies of the Committee on Appropriations of the Senate; and

(B) the Committee on Veterans’ Affairs and the Subcommittee on Military Construction, Veterans Affairs, and Related Agencies of the Committee on Appropriations of the House of Representatives.

**SEC. 702. AUTHORIZATION OF MAJOR MEDICAL FACILITY LEASES OF DEPARTMENT OF VETERANS AFFAIRS FOR FISCAL YEAR 2023.**

(a) **IN GENERAL.**—The Secretary of Veterans Affairs may carry out the following major medical facility leases in fiscal year 2023:

(1) Lease for an outpatient clinic in the vicinity of Allentown, Pennsylvania, in an estimated amount of \$31,832,000.

(2) Lease for a facility for member services for the Veterans Health Administration in the vicinity of Atlanta, Georgia, in an estimated amount of \$27,134,000.

(3) Lease for an outpatient clinic in the vicinity of Baltimore, Maryland, in an estimated amount of \$43,041,000.

(4) Lease for an outpatient clinic in the vicinity of Baton Rouge, Louisiana, in an estimated amount of \$29,550,000.

(5) Lease for an outpatient clinic in the vicinity of Beaufort, South Carolina, in an estimated amount of \$24,254,000.

(6) Lease for an outpatient clinic in the vicinity of Beaumont, Texas, in an estimated amount of \$15,632,000.

(7) Lease for an outpatient clinic in the vicinity of Brainerd, Minnesota, in an estimated amount of \$14,669,000.

(8) Lease for a facility for research in the vicinity of Buffalo, New York, in an estimated amount of \$11,106,000.

(9) Lease for an outpatient clinic in the vicinity of Clarksville, Tennessee, in an estimated amount of \$75,135,000.

(10) Lease of a facility for research in the vicinity of Columbia, Missouri, in an estimated amount of \$20,726,000.

(11) Lease for an outpatient clinic in the vicinity of Cookeville, Tennessee, in an estimated amount of \$10,958,000.

(12) Lease for a residential treatment facility in the vicinity of Denver, Colorado, in an estimated amount of \$9,133,000.

(13) Lease for an outpatient clinic in the vicinity of Elizabethtown, Kentucky, in an estimated amount of \$16,671,000.

(14) Lease for an outpatient clinic in the vicinity of Farmington, Missouri, in an estimated amount of \$17,940,000.

(15) Lease for an outpatient clinic in the vicinity of Hampton, Virginia, in an estimated amount of \$63,085,000.

(16) Lease for an outpatient clinic in the vicinity of Jacksonville, North Carolina, in an estimated amount of \$61,450,000.

(17) Lease for an outpatient clinic in the vicinity of Killeen, Texas, in an estimated amount of \$61,030,000.

(18) Lease for an outpatient clinic in the vicinity of Lawrence, Indiana, in an estimated amount of \$15,811,000.

(19) Lease for an outpatient clinic in the vicinity of Lecanto, Florida, in an estimated amount of \$15,373,000.

(20) Lease for an outpatient clinic in the vicinity of Nashville, Tennessee, in an estimated amount of \$58,038,000.

(21) Lease for an outpatient clinic in the vicinity of North Kansas City, Missouri, in an estimated amount of \$40,027,000.

(22) Lease for an outpatient clinic in the vicinity of Pflugerville, Texas, in an estimated amount of \$16,654,000.

(23) Lease for an outpatient clinic in the vicinity of Plano, Texas, in an estimated amount of \$32,796,000.

(24) Lease for an outpatient clinic in the vicinity of Prince George’s County, Maryland, in an estimated amount of \$31,754,000.

(25) Lease for an outpatient clinic in the vicinity of Rolla, Missouri, in an estimated amount of \$21,352,000.

(26) Lease for an outpatient clinic in the vicinity of Salt Lake City, Utah, in an estimated amount of \$29,466,000.

(27) Lease for an outpatient clinic in the vicinity of Sarasota, Florida, in an estimated amount of \$36,517,000.

(28) Lease for an outpatient clinic in the vicinity of Springfield, Massachusetts, in an estimated amount of \$30,918,000.

(29) Lease for a community living center in the vicinity of Tampa, Florida, in an estimated amount of \$51,682,000.

(30) Lease for an outpatient clinic in the vicinity of The Villages, Florida, in an estimated amount of \$48,267,000.

(31) Lease for an outpatient clinic in the vicinity of Tri-Cities, Washington, in an estimated amount of \$36,136,000.

(b) **TREATMENT OF AUTHORIZATIONS.**—The authorization of leases under subsection (a) shall

be considered to be a specific authorization by law of the funds for such leases for purposes of section 8104(a)(2) of title 38, United States Code, as in effect on the day before the date of the enactment of this Act.

(c) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2023, or the year in which funds are appropriated for the Medical Facilities account, \$998,137,000 for the leases authorized in subsection (a).

**SEC. 703. TREATMENT OF MAJOR MEDICAL FACILITY LEASES OF THE DEPARTMENT OF VETERANS AFFAIRS.**

(a) **CONGRESSIONAL APPROVAL OF MAJOR MEDICAL FACILITY LEASES.**—Paragraph (2) of subsection (a) of section 8104 of title 38, United States Code, is amended—

(1) by striking “No funds” and inserting “(A) No funds”;

(2) by striking “or any major medical facility lease”;

(3) by striking “or lease”; and

(4) by adding at the end the following new subparagraph:

“(B) No funds may be appropriated for any fiscal year, and the Secretary may not obligate or expend funds (other than for advance planning and design), for any major medical facility lease unless the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives each adopt a resolution approving the lease.”

(b) **MODIFICATION OF DEFINITION OF MAJOR MEDICAL FACILITY LEASE.**—Subparagraph (B) of paragraph (3) of such subsection is amended to read as follows:

“(B) The term ‘major medical facility lease’—

“(i) means a lease for space for use as a new medical facility approved through the General Services Administration under section 3307(a) of title 40 at an average annual rent equal to or greater than the appropriate dollar threshold described in such section, which shall be subject to annual adjustment in accordance with section 3307(h) of such title; and

“(ii) does not include a lease for space for use as a shared Federal medical facility for which the Department’s estimated share of the lease costs does not exceed such dollar threshold.”

(c) **SEPARATE PROSPECTUS REQUIREMENT FOR MAJOR MEDICAL FACILITY LEASES.**—Subsection (b) of such section is amended—

(1) by striking paragraph (7);

(2) in paragraph (1), by redesignating subparagraphs (A) through (E) as clauses (i) through (v), respectively;

(3) in paragraph (6), by redesignating subparagraphs (A) through (C) as clauses (i) through (iii), respectively;

(4) by redesignating paragraphs (1) through (6) as subparagraphs (A) through (F), respectively;

(5) in the matter preceding subparagraph (A), as redesignated by paragraph (4)—

(A) by striking “Whenever the President” and inserting “(1) Whenever the President”;

(B) by striking “the Congress” and inserting “Congress”; and

(C) by striking “or a major medical facility lease (as defined in subsection (a)(3)(b))”;

(6) in subparagraph (A), as redesignated by paragraph (4), by striking “leased.”;

(7) in subparagraph (E), as redesignated by paragraph (4)—

(A) by striking “or lease” each place it appears; and

(B) by striking “or leases”; and

(8) by adding at the end the following new paragraph:

“(2) Whenever the President or the Secretary submit to Congress a request for the funding of a major medical facility lease (as defined in subsection (a)(3)(B)), the Secretary shall submit to each committee, on the same day, a prospectus of the proposed medical facility. Any such prospectus shall include the following:

“(A) A description of the facility to be leased.  
“(B) An estimate of the cost to the Federal Government of the facility to be leased.

“(C) An estimate of the energy performance of the proposed lease space, to include a description of anticipated utilization of renewable energy, energy efficient and climate resilient elements, and related matters.

“(D) Current and projected workload and utilization data regarding the facility to be leased, including information on projected changes in workload and utilization over a five-year period, a ten-year period, and a twenty-year period.

“(E) A detailed analysis of how the lease is expected to comply with Office of Management and Budget Circular A-11 and section 1341 of title 31 (commonly referred to as the ‘Anti-Deficiency Act’). Any such analysis shall include—

“(i) an analysis of the classification of the lease as a ‘lease purchase’, a ‘capital lease’, or an ‘operating lease’ as those terms are defined in Office of Management and Budget Circular A-11;

“(ii) an analysis of the obligation of budgetary resources associated with the lease; and

“(iii) an analysis of the methodology used in determining the asset cost, fair market value, and cancellation costs of the lease.”

(d) **INTERIM LEASING ACTIONS.**—Such section is further amended by adding at the end the following new subsection:

“(i)(1) Notwithstanding subsection (a)(2)(B), the Secretary may carry out interim leasing actions as the Secretary considers necessary for the following leases:

“(A) Major medical facility leases (as defined in subsection (a)(3)(B)) approved pursuant to this section and for which a prospectus for a replacement lease has been submitted to Congress pursuant to subsection (b)(2).

“(B) Replacement leases that do not require approval under this section and for which a prospectus has been submitted to Congress pursuant to subsection (b)(2).

“(2) In this subsection, the term ‘interim leasing actions’ has the meaning given that term by the Administrator of the General Services Administration.”

(e) **PURCHASE OPTIONS.**—Such section is further amended by adding at the end the following new subsection:

“(j) The Secretary may obligate and expend funds to exercise a purchase option included in any major medical facility lease (as defined in subsection (a)(3)(B)).”

(f) **APPLICABILITY.**—The amendments made by this section shall apply with respect to any lease that has not been specifically authorized by law on or before the date of the enactment of this Act.

**SEC. 704. AUTHORITY TO ENTER INTO AGREEMENTS WITH ACADEMIC AFFILIATES AND OTHER ENTITIES TO ACQUIRE SPACE FOR THE PURPOSE OF PROVIDING HEALTH-CARE RESOURCES TO VETERANS.**

Section 8103 of title 38, United States Code, is amended by adding at the end the following new subsection:

“(h)(1) Notwithstanding any other provision of law requiring the use of competitive procedures, including section 2304 of title 10, when the Secretary determines it to be in the best interest of the Department, the Secretary may enter into a lease with an academic affiliate or covered entity to acquire space for the purpose of providing health-care resources to veterans.

“(2) In this subsection:

“(A) The term ‘academic affiliate’ means an institution or organization described in section 7302(d) of this title.

“(B) The term ‘covered entity’ means a unit or subdivision of a State, local, or municipal government, public or nonprofit agency, institution, or organization, or other institution or organization as the Secretary considers appropriate that owns property controlled by an academic affiliate to be leased under this subsection.

“(C) The term ‘health -care resource’ has the meaning given that term in section 8152(1) of this title.

“(D) The term ‘space’ means any room, unit, floor, wing, building, parking facility, or other subdivision of a building or facility owned or controlled by an academic affiliate.”

**SEC. 705. MODIFICATIONS TO ENHANCED-USE LEASE AUTHORITY OF DEPARTMENT OF VETERANS AFFAIRS.**

(a) **MODIFICATIONS TO AUTHORITY.**—Paragraph (2) of section 8162(a) of title 38, United States Code, is amended to read as follows:

“(2)(A) The Secretary may enter into an enhanced-use lease on or after the date of the enactment of this paragraph only if the Secretary determines—

“(i) that the lease will not be inconsistent with, and will not adversely affect—

“(I) the mission of the Department; or

“(II) the operation of facilities, programs, and services of the Department in the area of the leased property; and

“(ii) that—

“(I) the lease will enhance the use of the leased property by directly or indirectly benefiting veterans; or

“(II) the leased property will provide supportive housing.

“(B) The Secretary shall give priority to enhanced-use leases that, on the leased property—

“(i) provide supportive housing for veterans;

“(ii) provide direct services or benefits targeted to veterans; or

“(iii) provide services or benefits that indirectly support veterans.”

(b) **EXTENSION OF MAXIMUM TERM OF ENHANCED-USE LEASE.**—Section 8162(b)(2) of such title is amended by striking “75 years” and inserting “99 years”.

(c) **MODIFICATION OF USE OF PROCEEDS.**—Section 8165(a)(1) of such title is amended by striking “shall be deposited in the Department of Veterans Affairs Medical Care Collections Fund established under section 1729A of this title.” and inserting “shall, at the discretion of the Secretary, be deposited in—

“(A) the Department of Veterans Affairs Medical Care Collections Fund established under section 1729A of this title; or

“(B) the Medical Facilities or Construction, Minor Projects account of the Department to be used to defray the costs of administration, maintenance, repair, and related expenses incurred by the Department with respect to property that is owned by or under the jurisdiction or control of the Department.”

(d) **REPEAL OF SUNSET.**—Section 8169 of such title is repealed.

(e) **APPROPRIATION.**—In addition to amounts otherwise available, there is appropriated for fiscal year 2022, out of any funds in the Treasury not otherwise appropriated, \$922,000,000 for an additional amount for the Department of Veterans Affairs, to remain available until expended, to enter into enhanced-use leases pursuant to section 8162 of title 38, United States Code, as amended by this section.

**SEC. 706. AUTHORITY FOR JOINT LEASING ACTIONS OF DEPARTMENT OF DEFENSE AND DEPARTMENT OF VETERANS AFFAIRS.**

(a) **DEPARTMENT OF DEFENSE.**—Section 1104A of title 10, United States Code, is amended—

(1) by inserting “, or the leasing,” after “design, and construction” each place it appears; and

(2) in subsection (c)(2), by inserting “, or the leasing,” after “design”.

(b) **DEPARTMENT OF VETERANS AFFAIRS.**—Section 8111B of title 38, United States Code, is amended—

(1) in subsection (a), by inserting “, or the leasing,” after “design, and construction”;

(2) in subsection (b), by adding at the end the following new paragraph:

“(3) The Secretary of Veterans Affairs may transfer to the Department of Defense amounts

appropriated to the ‘Medical Facilities’ account of the Department of Veterans Affairs for the purpose of leasing space for a shared medical facility if the estimated share of the Department of Veterans Affairs for the lease costs does not exceed the amount specified in section 8104(a)(3)(B) of this title.”; and

(3) in subsection (c), by adding at the end the following new paragraph:

“(3) Any amount transferred to the Secretary of Veterans Affairs by the Secretary of Defense for the purpose of leasing space for a shared medical facility may be credited to the ‘Medical Facilities’ account of the Department of Veterans Affairs and may be used for such purpose.”

**SEC. 707. APPROPRIATION OF AMOUNTS FOR MAJOR MEDICAL FACILITY LEASES.**

(a) **FISCAL YEAR 2023.**—In addition to amounts otherwise available, there is appropriated for fiscal year 2023, out of any funds in the Treasury not otherwise appropriated, \$1,880,000,000 for an additional amount for the Medical Facilities account of the Department of Veterans Affairs, to remain available until expended, for major medical facility leases authorized by section 702.

(b) **ADDITIONAL YEARS.**—In addition to amounts otherwise available, there is appropriated, out of any funds in the Treasury not otherwise appropriated, for an additional amount for the Medical Facilities account of the Department of Veterans Affairs, to remain available until expended, for major medical facility leases authorized by section 702 or approved pursuant to subchapter I of chapter 81 of title 38, United States Code, as amended by section 703—

(1) \$100,000,000 for fiscal year 2024;

(2) \$200,000,000 for fiscal year 2025;

(3) \$400,000,000 for fiscal year 2026;

(4) \$450,000,000 for fiscal year 2027;

(5) \$600,000,000 for fiscal year 2028;

(6) \$610,000,000 for fiscal year 2029;

(7) \$620,000,000 for fiscal year 2030; and

(8) \$650,000,000 for fiscal year 2031.

**TITLE VIII—RECORDS AND OTHER MATTERS**

**SEC. 801. EPIDEMIOLOGICAL STUDY ON FORT MCCLELLAN VETERANS.**

The Secretary of Veterans Affairs shall conduct an epidemiological study on the health trends of veterans who served in the Armed Forces at Fort McClellan at any time during the period beginning January 1, 1935, and ending on May 20, 1999.

**SEC. 802. BIENNIAL BRIEFING ON INDIVIDUAL LONGITUDINAL EXPOSURE RECORD.**

(a) **IN GENERAL.**—Not later than one year after the date on which the Individual Longitudinal Exposure Record achieves full operational capability, as determined by the Secretary of Defense, and every two years thereafter, the Secretary of Defense, in consultation with the Secretary of Veterans Affairs, shall provide the appropriate committees of Congress a briefing on—

(1) the quality of the databases of the Department of Defense that provide the information presented in such Individual Longitudinal Exposure Record; and

(2) the usefulness of such Individual Longitudinal Exposure Record or system in supporting members of the Armed Forces and veterans in receiving health care and benefits from the Department of Defense and the Department of Veterans Affairs.

(b) **ELEMENTS.**—Each briefing required by subsection (a) shall include, for the period covered by the report, the following:

(1) An identification of potential exposures to occupational or environmental hazards captured by the current systems of the Department of Defense for environmental, occupational, and health monitoring, and recommendations for how to improve those systems.

(2) An analysis of the quality and accuracy of the location data used by the Department of Defense in determining potential exposures to occupational or environmental hazards by members of the Armed Forces and veterans, and recommendations for how to improve the quality of such data if necessary.

(c) DEFINITIONS.—In this section:

(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term “appropriate committees of Congress” means—

(A) the Committee on Armed Services and the Committee on Veterans’ Affairs of the Senate; and

(B) the Committee on Armed Services and the Committee on Veterans’ Affairs of the House of Representatives.

(2) INDIVIDUAL LONGITUDINAL EXPOSURE RECORD.—The term “Individual Longitudinal Exposure Record” has the meaning given such term in section 1171 of title 38, United States Code, as added by section 202.

#### SEC. 803. CORRECTION OF EXPOSURE RECORDS BY MEMBERS OF THE ARMED FORCES AND VETERANS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall coordinate with the Secretary of Defense to provide a means for veterans to update their records as necessary to reflect exposures to occupational or environmental hazards by such member or veteran in the Individual Longitudinal Exposure Record.

(b) EVIDENCE.—

(1) PROVISION OF EVIDENCE.—To update a record under subsection (a), a veteran shall provide such evidence as the Secretary of Veterans Affairs considers necessary.

(2) REGULATIONS.—The Secretary of Veterans Affairs shall prescribe by regulation the evidence considered necessary under paragraph (1).

(c) DEFINITIONS.—In this section:

(1) INDIVIDUAL LONGITUDINAL EXPOSURE RECORD.—The term “Individual Longitudinal Exposure Record” has the meaning given such term in section 1171 of title 38, United States Code, as added by section 202.

(2) TOXIC EXPOSURE.—The term “toxic exposure” has the meaning given such term in section 101 of title 38, United States Code, as amended by section 102(b).

#### SEC. 804. FEDERAL CAUSE OF ACTION RELATING TO WATER AT CAMP LEJEUNE, NORTH CAROLINA.

(a) SHORT TITLE.—This section may be cited as the “Camp Lejeune Justice Act of 2022”.

(b) IN GENERAL.—An individual, including a veteran (as defined in section 101 of title 38, United States Code), or the legal representative of such an individual, who resided, worked, or was otherwise exposed (including in utero exposure) for not less than 30 days during the period beginning on August 1, 1953, and ending on December 31, 1987, to water at Camp Lejeune, North Carolina, that was supplied by, or on behalf of, the United States may bring an action in the United States District Court for the Eastern District of North Carolina to obtain appropriate relief for harm that was caused by exposure to the water at Camp Lejeune.

(c) BURDENS AND STANDARD OF PROOF.—

(1) IN GENERAL.—The burden of proof shall be on the party filing the action to show one or more relationships between the water at Camp Lejeune and the harm.

(2) STANDARDS.—To meet the burden of proof described in paragraph (1), a party shall produce evidence showing that the relationship between exposure to the water at Camp Lejeune and the harm is—

(A) sufficient to conclude that a causal relationship exists; or

(B) sufficient to conclude that a causal relationship is at least as likely as not.

(d) EXCLUSIVE JURISDICTION AND VENUE.—The United States District Court for the Eastern District of North Carolina shall have exclusive jurisdiction over any action filed under subsection

(b), and shall be the exclusive venue for such an action. Nothing in this subsection shall impair the right of any party to a trial by jury.

(e) EXCLUSIVE REMEDY.—

(1) IN GENERAL.—An individual, or legal representative of an individual, who brings an action under this section for a harm described in subsection (b), including a latent disease, may not thereafter bring a tort action against the United States for such harm pursuant to any other law.

(2) HEALTH AND DISABILITY BENEFITS RELATING TO WATER EXPOSURE.—Any award made to an individual, or legal representative of an individual, under this section shall be offset by the amount of any disability award, payment, or benefit provided to the individual, or legal representative—

(A) under—

(i) any program under the laws administered by the Secretary of Veterans Affairs;

(ii) the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.); or

(iii) the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.); and

(B) in connection with health care or a disability relating to exposure to the water at Camp Lejeune.

(f) IMMUNITY LIMITATION.—The United States may not assert any claim to immunity in an action under this section that would otherwise be available under section 2680(a) of title 28, United States Code.

(g) NO PUNITIVE DAMAGES.—Punitive damages may not be awarded in any action under this section.

(h) DISPOSITION BY FEDERAL AGENCY REQUIRED.—An individual may not bring an action under this section before complying with section 2675 of title 28, United States Code.

(i) EXCEPTION FOR COMBATANT ACTIVITIES.—This section does not apply to any claim or action arising out of the combatant activities of the Armed Forces.

(j) APPLICABILITY; PERIOD FOR FILING.—

(1) APPLICABILITY.—This section shall apply only to a claim accruing before the date of enactment of this Act.

(2) STATUTE OF LIMITATIONS.—A claim in an action under this section may not be commenced after the later of—

(A) the date that is two years after the date of enactment of this Act; or

(B) the date that is 180 days after the date on which the claim is denied under section 2675 of title 28, United States Code.

(3) INAPPLICABILITY OF OTHER LIMITATIONS.—Any applicable statute of repose or statute of limitations, other than under paragraph (2), shall not apply to a claim under this section.

#### SEC. 805. COST OF WAR TOXIC EXPOSURES FUND.

(a) IN GENERAL.—Chapter 3 is amended by adding at the end the following new section:

##### “§ 324. Cost of War Toxic Exposures Fund

“(a) ESTABLISHMENT.—There is hereby established in the Treasury of the United States an account to be known as the ‘Cost of War Toxic Exposures Fund’ (the ‘Fund’), to be administered by the Secretary.

“(b) DEPOSITS.—There shall be deposited in the Fund such amounts as may be appropriated to the Fund pursuant to subsection (c).

“(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Fund for fiscal year 2023 and each subsequent fiscal year such sums as are necessary to increase funding, over the fiscal year 2021 level, for investment in—

“(1) the delivery of veterans’ health care associated with exposure to environmental hazards in the active military, naval, air, or space service in programs administered by the Under Secretary for Health;

“(2) any expenses incident to the delivery of veterans’ health care and benefits associated

with exposure to environmental hazards in the active military, naval, air, or space service, including administrative expenses, such as information technology and claims processing and appeals, and excluding leases as authorized or approved under section 8104 of this title; and

“(3) medical and other research relating to exposure to environmental hazards.

“(d) BUDGET SCOREKEEPING.—(1) Immediately upon enactment of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022, expenses authorized to be appropriated to the Fund in subsection (c) shall be estimated for fiscal year 2023 and each subsequent fiscal year and treated as budget authority that is considered to be direct spending—

“(A) in the baseline for purposes of section 257 of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 907);

“(B) by the Chairman of the Committee on the Budget of the Senate and the Chair of the Committee on the Budget of the House of Representatives, as appropriate, for purposes of budget enforcement in the Senate and the House of Representatives;

“(C) under the Congressional Budget Act of 1974 (2 U.S.C. 621 et seq.), including in the reports required by section 308(b) of such Act (2 U.S.C. 639); and

“(D) for purposes of the Statutory Pay-As-You-Go Act of 2010 (2 U.S.C. 931 et seq.).

“(2) No amount appropriated to the Fund in fiscal year 2023 or any subsequent fiscal year pursuant to this section shall be counted as discretionary budget authority and outlays or as direct spending for any estimate of an appropriation Act under the Congressional Budget and Impoundment Control Act of 1974 (2 U.S.C. 621 et seq.) and any other Act.

“(3) Notwithstanding the Budget Scorekeeping Guidelines and the accompanying list of programs and accounts set forth in the joint explanatory statement of the committee of conference accompanying Conference Report 105–217, and for purposes of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 900 et seq.) and the Congressional Budget Act of 1974 (2 U.S.C. 621 et seq.), the Fund shall be treated as if it were an account designated as ‘Appropriated Entitlements and Mandatories for Fiscal Year 1997’ in the joint explanatory statement of the committee of conference accompanying Conference Report 105–217.

“(e) ESTIMATES FOR CONGRESSIONAL CONSIDERATION.—The Secretary shall include in documents submitted to Congress in support of the President’s budget submitted pursuant to section 1105 of title 31 detailed estimates of the sums described in subsection (c) for the applicable fiscal year.

“(f) PROCEDURES FOR ESTIMATES.—The Secretary may, after consultation with the Committee on Appropriations of the Senate and the Committee on Appropriations of the House of Representatives, establish policies and procedures for developing the annual detailed estimates required by subsection (e).”

(b) SEQUESTRATION.—Section 256(h)(4) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 906(h)(4)) is amended by adding at the end the following new subparagraph:

“(G) Cost of War Toxic Exposures Fund.”

#### SEC. 806. APPROPRIATION FOR FISCAL YEAR 2022.

(a) APPROPRIATION.—In addition to amounts otherwise available, there is appropriated for fiscal year 2022, out of any funds in the Treasury not otherwise appropriated, \$500,000,000 for the Cost of War Toxic Exposures Fund, established by section 324 of title 38, United States Code, as added by section 805 of this Act, to remain available until September 30, 2024.

(b) SPEND PLAN.—Not later than 30 days after enactment of this Act, the Secretary of Veterans Affairs shall submit a plan for expending amounts made available by subsection (a) by

program, project or activity to the Committee on Appropriations of the Senate and the Committee on Appropriations of the House of Representatives. Funds may not be obligated until such Committees issue an approval, or absent a response, a period of 30 days has elapsed.

**SEC. 807. AUTHORIZATION OF ELECTRONIC NOTICE IN CLAIMS UNDER LAWS ADMINISTERED BY THE SECRETARY OF VETERANS AFFAIRS.**

(a) *IN GENERAL.*—Title 38, United States Code, is amended as follows:

(1) By striking section 5100 and inserting the following:

**“§5100. Definitions**

“In this chapter:

“(1) The term ‘claimant’ means any individual applying for, or submitting a claim for, any benefit under the laws administered by the Secretary.

“(2) The term ‘notice’ means a communication issued through means (including electronic means) prescribed by the Secretary.”

(2) In section 5104, by adding at the end the following new subsection:

“(c) The Secretary may provide notice under subsection (a) electronically if a claimant (or the claimant’s representative) elects to receive such notice electronically. A claimant (or the claimant’s representative) may revoke such an election at any time, by means prescribed by the Secretary.

“(d) The Secretary shall annually—

“(1) solicit recommendations from stakeholders on how to improve notice under this section; and

“(2) publish such recommendations on a publicly available website of the Department.”

(3) In section 5104B(c), in the matter preceding paragraph (1) by striking “in writing” and inserting “to the claimant (and any representative of such claimant)”.

(4) In section 5112(b)(6), by striking “(at the payee’s last address of record)”.

(5) In section 7104—

(A) in the heading, by adding “; decisions; notice” at the end; and

(B) by striking subsection (e) and inserting the following:

“(e) After reaching a decision on an appeal, the Board shall promptly issue notice (as that term is defined in section 5100 of this title) of such decision to the following:

“(1) The appellant.

“(2) Any other party with a right to notice of such decision.

“(3) Any authorized representative of the appellant or party described in paragraph (2).

“(f)(1) The Secretary may provide notice under subsection (e) electronically if a claimant (or the claimant’s representative) elects to receive such notice electronically.

“(2) A claimant (or the claimant’s representative) may revoke such an election at any time, by means prescribed by the Secretary.”

(6) In section 7105(b)(1)(A), by striking “mailing” and inserting “issuance”.

(7) In section 7105A(a), by striking “mailed” and inserting “issued”.

(8) In section 7266(a), by striking “mailed” and inserting “issued”.

(b) *RULE OF CONSTRUCTION.*—None of the amendments made by this section shall be construed to apply section 5104(a) of such title to decisions of the Board of Veterans’ Appeals under chapter 71 of such title.

**SEC. 808. BURN PIT TRANSPARENCY.**

(a) *ANNUAL REPORT ON DISABILITY CLAIMS.*—

(1) *IN GENERAL.*—Not later than 180 days after the date of the enactment of this Act, and annually thereafter, the Secretary of Veterans Affairs shall submit to the appropriate congressional committees a report detailing the following:

(A) The total number of covered veterans.

(B) The total number of claimed issues for disability compensation under chapter 11 of title 38, United States Code, approved and the total

number denied by the Secretary of Veterans Affairs with respect to a covered veteran, and a breakdown of the reasons for the denials.

(C) A comprehensive list of the top 10 conditions from each body system for which the Secretary awarded service connection for covered veterans.

(D) Any updates or trends with respect to the information described in subparagraphs (A), (B), and (C), that the Secretary determines appropriate.

(2) *COVERED VETERAN DEFINED.*—In this subsection, the term “covered veteran” means a veteran who deployed to the Southwest Asia theater of operations any time after August 1990, or Afghanistan, Syria, Djibouti, or Uzbekistan after September 19, 2001, and who submits a claim for disability compensation under chapter 11 of title 38, United States Code.

(b) *INFORMATION REGARDING THE AIRBORNE HAZARDS AND OPEN BURN PIT REGISTRY.*—

(1) *NOTICE.*—The Secretary of Veterans Affairs shall ensure that a medical professional of the Department of Veterans Affairs informs a veteran of the Airborne Hazards and Open Burn Pit Registry if the veteran presents at a medical facility of the Department for treatment that the veteran describes as being related to, or ancillary to, the exposure of the veteran to toxic airborne chemicals and fumes caused by open burn pits.

(2) *DISPLAY.*—In making information public regarding the number of participants in the Airborne Hazards and Open Burn Pit Registry, the Secretary shall display such numbers by both State and by congressional district.

(c) *DEFINITIONS.*—In this section:

(1) *AIRBORNE HAZARDS AND OPEN BURN PIT REGISTRY.*—The term “Airborne Hazards and Open Burn Pit Registry” means the registry established by the Secretary of Veterans Affairs under section 201 of the Dignified Burial and Other Veterans’ Benefits Improvement Act of 2012 (Public Law 112–260; 38 U.S.C. 527 note).

(2) *APPROPRIATE CONGRESSIONAL COMMITTEES.*—The term “appropriate congressional committees” means—

(A) the Committee on Veterans’ Affairs and the Committee on Armed Services of the Senate; and

(B) the Committee on Veterans’ Affairs and the Committee on Armed Services of the House of Representatives.

(3) *OPEN BURN PIT.*—The term “open burn pit” has the meaning given that term in section 201(c) of the Dignified Burial and Other Veterans’ Benefits Improvement Act of 2012 (Public Law 112–260; 38 U.S.C. 527 note).

**TITLE IX—IMPROVEMENT OF WORKFORCE OF DEPARTMENT OF VETERANS AFFAIRS**

**SEC. 901. NATIONAL RURAL RECRUITMENT AND HIRING PLAN FOR VETERANS HEALTH ADMINISTRATION.**

(a) *IN GENERAL.*—Not later than 18 months after the date of the enactment of this Act, the Secretary of Veterans Affairs, in collaboration with the directors of each community-based outpatient clinic and medical center of the Department of Veterans Affairs, shall develop and implement a national rural recruitment and hiring plan for the Veterans Health Administration to—

(1) recruit health care professionals for rural and highly rural community-based outpatient clinics and rural and highly rural medical centers of the Department;

(2) determine which such clinics or centers have a staffing shortage of health care professionals;

(3) develop best practices and techniques for recruiting health care professionals for such clinics and centers;

(4) not less frequently than annually, provide virtually based, on-demand training to human resources professionals of the Veterans Health Administration on the best practices and techniques developed under paragraph (3); and

(5) provide recruitment resources, such as pamphlets and marketing material to—

(A) Veterans Integrated Service Networks of the Department;

(B) rural and highly rural community-based outpatient clinics of the Department; and

(C) rural and highly rural medical centers of the Department.

(b) *ANNUAL REPORT.*—Not later than 18 months after the date of the enactment of this Act, and annually thereafter, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report that includes—

(1) the plan developed and implemented under subsection (a); and

(2) an assessment of the outcomes related to recruitment and retention of employees of the Veterans Health Administration at rural and highly rural facilities of the Department.

(c) *DEFINITIONS.*—In this section, the terms “rural” and “highly rural” have the meanings given those terms under the rural-urban commuting areas coding system of the Department of Agriculture.

**SEC. 902. AUTHORITY TO BUY OUT SERVICE CONTRACTS FOR CERTAIN HEALTH CARE PROFESSIONALS IN EXCHANGE FOR EMPLOYMENT AT RURAL OR HIGHLY RURAL FACILITIES OF DEPARTMENT OF VETERANS AFFAIRS.**

(a) *IN GENERAL.*—For any covered health care professional to whom the Secretary of Veterans Affairs has offered employment with the Department of Veterans Affairs, the Secretary may buy out the non-Department service contract of such individual in exchange for such individual agreeing to be employed at a rural or highly rural facility of the Department for a period of obligated service specified in subsection (c).

(b) *PAYMENT OF AMOUNTS.*—

(1) *IN GENERAL.*—Payment of any amounts for a buy out of a service contract for a covered health care professional under subsection (a) shall be made directly to the individual or entity with respect to which the covered health care professional has a service obligation under such contract.

(2) *LIMITATION ON TOTAL AMOUNT.*—The total amount paid by the Department under this section shall not exceed \$40,000,000 per fiscal year.

(c) *OBLIGATED SERVICE.*—In exchange for a contract buy out under subsection (a), a covered health care professional shall agree to be employed for not less than four years at a rural or highly rural facility of the Department.

(d) *LIABILITY.*—

(1) *IN GENERAL.*—Except as provided in paragraph (2), if a covered health care professional fails for any reason to complete the period of obligated service of the individual under subsection (c), the United States shall be entitled to recover from the individual an amount equal to—

(A) the total amount paid under subsection (a) to buy out the non-Department service contract of the individual; multiplied by

(B) a fraction—

(i) the numerator of which is—

(I) the total number of months in the period of obligated service of the individual; minus

(II) the number of months served by the individual; and

(ii) the denominator of which is the total number of months in the period of obligated service of the individual.

(2) *EXCEPTION.*—Liability shall not arise under paragraph (1) in the case of an individual covered by that paragraph if the individual does not obtain, or fails to maintain, employment as an employee of the Department due to staffing changes approved by the Under Secretary for Health.

(e) *ANNUAL REPORT.*—

(1) *IN GENERAL.*—Not later than 18 months after the date of the enactment of this Act, and not less frequently than annually thereafter,



the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the use by the Secretary of the authority under this section.

(2) **ELEMENTS.**—Each report required by paragraph (1) shall include the following:

(A) The number of health care professionals for whom a service contract buyout payment was made under subsection (a) in the previous fiscal year, disaggregated by occupation or specialty.

(B) The average, highest, and lowest amount of the service contract buyout payments made under subsection (a) for each occupation or specialty in the previous fiscal year.

(C) Each location where contract buyout authority under subsection (a) was utilized and the number of covered health care professionals who agreed to be employed at such location in the previous fiscal year.

(f) **DEFINITIONS.**—In this section:

(1) **COVERED HEALTH CARE PROFESSIONAL.**—The term “covered health care professional” means a physician, nurse anesthetist, physician assistant, or nurse practitioner offered employment with the Department regardless of the authority under which such employment is offered.

(2) **RURAL; HIGHLY RURAL.**—The terms “rural” and “highly rural” have the meanings given those terms under the rural-urban commuting areas coding system of the Department of Agriculture.

(g) **SUNSET.**—This section shall terminate on September 30, 2027.

**SEC. 903. QUALIFICATIONS FOR HUMAN RESOURCES POSITIONS WITHIN DEPARTMENT OF VETERANS AFFAIRS AND PLAN TO RECRUIT AND RETAIN HUMAN RESOURCES EMPLOYEES.**

(a) **ESTABLISHMENT OF QUALIFICATIONS.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall—

(1) establish qualifications for each human resources position within the Department of Veterans Affairs in coordination with the Office of Personnel Management;

(2) establish standardized performance metrics for each such position; and

(3) submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report containing the qualifications and standardized performance metrics established under paragraphs (1) and (2).

(b) **IMPROVEMENT OF HUMAN RESOURCES ACTIONS.**—Not later than 90 days after the date of the enactment of this Act, the Secretary shall establish or enhance systems of the Department to monitor the hiring and other human resources actions that occur at the local, regional, and national levels of the Department to improve the performance of those actions.

(c) **REPORT.**—Not later than one year after the establishment of the qualifications and performance metrics under subsection (a), the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report containing—

(1) a description of the implementation of such qualifications and performance metrics;

(2) an assessment of the quality of such qualifications and performance metrics;

(3) an assessment of performance and outcomes based on such metrics; and

(4) such other matters as the Comptroller General considers appropriate.

(d) **PLAN TO RECRUIT AND RETAIN HUMAN RESOURCES EMPLOYEES.**—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a plan for the recruit-

ment and retention of human resources employees within the Department of Veterans Affairs.

**SEC. 904. MODIFICATION OF PAY CAP FOR CERTAIN EMPLOYEES OF VETERANS HEALTH ADMINISTRATION.**

(a) **IN GENERAL.**—Section 7455(c) is amended—

(1) in paragraph (1), by striking “30 percent” inserting “50 percent”;

(2) in paragraph (2), by striking “level IV” inserting “level II”; and

(3) by adding at the end the following new paragraph:

“(3)(A) Notwithstanding section 5304 of title 5 or any other provision of law, but subject to the limitation under paragraph (2), pursuant to an increase under subsection (a), the Secretary may pay a special rate or an adjusted rate of basic pay in excess of the rate of basic pay payable for level IV of the Executive Schedule.

“(B) If an employee is in receipt of a special rate of pay under subparagraph (A) in excess of the rate of basic pay payable for level IV of the Executive Schedule with an established special rate supplement of greater value than a supplement based on the applicable locality-based comparability payment percentage under section 5304 of title 5, but a pay adjustment would cause such established special rate supplement to be of lesser value, the special rate supplement shall be converted to a supplement based on the applicable locality-based comparability percentage unless the Secretary determines that some other action is appropriate.”.

(b) **PAY FOR CRITICAL POSITIONS.**—Section 7404(a)(1)(B) is amended by inserting “7306 or” before “7401(4)”.

**SEC. 905. EXPANSION OF OPPORTUNITIES FOR HOUSEKEEPING AIDES.**

Section 3310 of title 5, United States Code, is amended by inserting “(other than for positions of housekeeping aides in the Department of Veterans Affairs)” after “competitive service”.

**SEC. 906. MODIFICATION OF AUTHORITY OF THE SECRETARY OF VETERANS AFFAIRS RELATING TO HOURS, CONDITIONS OF EMPLOYMENT, AND PAY FOR CERTAIN EMPLOYEES OF VETERANS HEALTH ADMINISTRATION.**

(a) **EXPANSION OF ELIGIBILITY OF EMPLOYEES FOR CERTAIN AWARDS.**—Section 7404(c) is amended—

(1) by striking “Notwithstanding” and inserting “(1) Notwithstanding”;

(2) by inserting “or 7401(4)” after “section 7306”;

(3) by striking “who is not eligible for pay under subchapter III” and inserting “or in a covered executive position under section 7401(1) of this title”;

(4) by striking “sections 4507 and 5384” and inserting “section 4507”; and

(5) by adding at the end the following new paragraph:

“(2) In this subsection, the term ‘covered executive position’ means a position that the Secretary has determined is of equivalent rank to a Senior Executive Service position (as such term is defined in section 3132(a) of title 5) and is subject to an agency performance management system.”.

(b) **AUTHORITY FOR AWARDS PROGRAMS OF DEPARTMENT OF VETERANS AFFAIRS.**—

(1) **IN GENERAL.**—Subchapter I of chapter 74 is amended by inserting after section 7404 the following new section:

**“§ 7404A. Awards**

“(a) **SUPERIOR ACCOMPLISHMENTS AND PERFORMANCE AWARDS PROGRAM.**—The Secretary may establish an awards program for personnel listed in section 7421(b) of this title consistent with chapter 45 of title 5, to the extent practicable.

“(b) **EXECUTIVE PERFORMANCE AWARDS PROGRAM.**—Notwithstanding section 7425 of this title or any other provision of law, the Secretary may establish a performance awards program consistent with section 5384 of title 5 for—

“(1) personnel appointed under section 7401(1) of this title for a position that the Secretary has determined is of equivalent rank to a Senior Executive Service position (as such term is defined in section 3132(a) of title 5) and is subject to an agency performance management system; and

“(2) personnel appointed under section 7306 or 7401(4) of this title.

“(c) **PAYMENT OF AWARDS.**—Awards under this section may be paid based on criteria established by the Secretary and shall not be considered in calculating the limitation under section 7431(e)(4) of this title.

“(d) **NOT CONSIDERED BASIC PAY.**—Awards under this section shall not be considered basic pay for any purpose.

“(e) **REGULATIONS.**—The Secretary may prescribe regulations for the administration of this section.”.

(2) **LIMITATION ON PAST AWARDS.**—Notwithstanding any other provision of law, awards made by the Secretary of Veterans Affairs for any period on or after January 1, 2017, and before the date of the enactment of this Act for an employee under section 7306 or 7401(4) of title 38, United States Code, or for a position described in section 7401(1) of such title that the Secretary has determined is of equivalent rank to a Senior Executive Service position (as such term is defined in section 3132(a) of title 5, United States Code), may be subject to section 7404A of title 38, United States Code, as added by paragraph (1).

(c) **MODIFICATION OF EMPLOYEES SUBJECT TO REGULATION BY SECRETARY OF VETERANS AFFAIRS OF HOURS AND CONDITIONS OF EMPLOYMENT AND LEAVES OF ABSENCE.**—

(1) **IN GENERAL.**—Section 7421 is amended—

(A) in subsection (a), by striking “chapter” and inserting “title”; and

(B) in subsection (b), by adding at the end the following new paragraph:

“(9) Any position for which the employee is appointed under section 7306 or 7401(4) of this title.”.

(2) **ADMINISTRATION OF FULL-TIME EMPLOYEES.**—Section 7423 is amended—

(A) in subsection (a)(2), by adding at the end the following new subparagraph:

“(D) The Secretary may exclude from the requirements of paragraph (1) employees hired under section 7306 or 7401(4) of this title or for a position described in section 7401(1) of this title that the Secretary has determined is of equivalent rank to a Senior Executive Service position (as such term is defined in section 3132(a) of title 5).”; and

(B) in subsection (e)(1), by striking “7401(1)” and inserting “7421(b)”.

(3) **ADDITIONAL PAY AUTHORITIES.**—Section 7410(a) is amended—

(A) by striking “The Secretary” and inserting “(1) The Secretary”;

(B) by striking “the personnel described in paragraph (1) of section 7401 of this title” and inserting “personnel appointed under section 7306 of this title or section 7401(4) of this title, or personnel described in section 7401(1) of this title.”; and

(C) by striking “in the same manner, and subject to the same limitations, as in the case of” and inserting “in a manner consistent with”; and

(D) by adding at the end the following new paragraph:

“(2) Payments under paragraph (1) shall not be considered in calculating the limitation under section 7431(e)(4) of this title.”.

(4) **TREATMENT OF PAY AUTHORITY CHANGES.**—For the purposes of the amendments made by paragraph (3), the Secretary of Veterans Affairs shall treat any award or payment made by the Secretary between January 1, 2017, and the date of the enactment of this Act to employees appointed under sections 7306, 7401(1), and 7401(4) of title 38, United States Code, that the Secretary has determined are of equivalent rank to a Senior Executive Service position (as such

term is defined in section 3132(a) of title 5, United States Code), as if such amendments had been in effect at the time of such award or payment.

(5) **TREATMENT OF PRIOR LEAVE BALANCES.**—Notwithstanding any other provision of law, the Secretary may adjust the leave balance and carryover leave balance of any employee described in section 7421(b)(9) of title 38, United States Code, as amended by paragraph (1)(B), to ensure any leave accrued or carried over before the date of the enactment of this Act remains available to such employee.

(d) **TREATMENT OF CERTAIN EMPLOYEES AS APPOINTED UNDER SECTION 7306.**—Section 7306 is amended—

(1) in subsection (a), by redesignating the second paragraph (11) as paragraph (12); and

(2) by adding at the end the following new subsection:

“(g) For purposes of applying any provision of chapter 74 of this title, including sections 7404, 7410, and 7421, or any other provision of law, the Secretary may treat any appointment for a position under this chapter to be an appointment under this section.”.

(e) **CONFORMING AMENDMENT.**—Section 7431(e)(4) is amended by striking “In no case” and inserting “Except as provided in sections 7404A(c) and 7410(a)(2) of this title, in no case”.

**SEC. 907. WAIVER OF PAY LIMITATION FOR CERTAIN EMPLOYEES OF DEPARTMENT OF VETERANS AFFAIRS.**

Subchapter 1 of chapter 7 is amended by inserting after section 703 the following new section:

**“§704. Waiver of pay limitation for certain employees**

“(a) **EMPLOYEES OF VETERANS HEALTH ADMINISTRATION IMPACTED BY CLOSURE OR REALIGNMENT.**—Notwithstanding any other provision of law, the Secretary may waive any annual premium or aggregate limitation on pay for an employee of the Veterans Health Administration for the calendar year during which—

“(1) the official duty station of the employee is closed; or

“(2) the office, facility, activity, or organization of the employee is realigned.

“(b) **EMPLOYEES PROVIDING CARE TO VETERANS EXPOSED TO OPEN BURN PITS.**—

“(1) **IN GENERAL.**—Notwithstanding any other provision of law, the Secretary may waive any annual premium or aggregate limitation on pay for an employee of the Department whose primary duties include providing expanded care for veterans exposed to open burn pits.

“(2) **OPEN BURN PIT DEFINED.**—In this subsection, the term ‘open burn pit’ has the meaning given that term in section 201(c) of the Dignified Burial and Other Veterans’ Benefits Improvement Act of 2012 (Public Law 112–260; 38 U.S.C. 527 note).

“(c) **COORDINATION WITH OFFICE OF PERSONNEL MANAGEMENT.**—In implementing this section, the Secretary shall coordinate with the Director of the Office of Personnel Management.

“(d) **REPORTS.**—

“(1) **IN GENERAL.**—For each quarter that the Secretary waives a limitation under this section, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate, the Committee on Veterans’ Affairs of the House of Representatives, and the Office of Personnel Management a report on the waiver or waivers.

“(2) **CONTENTS.**—Each report submitted under paragraph (1) with respect to a waiver or waivers shall include the following:

“(A) Where the waiver or waivers were used, including in which component of the Department and, as the case may be, which medical center of the Department.

“(B) For how many employees the waiver or waivers were used, disaggregated by component of the Department and, if applicable, medical center of the Department.

“(C) The average amount by which each payment exceeded the pay limitation that was

waived, disaggregated by component of the Department and, if applicable, medical center of the Department.

“(e) **EMPLOYEE DEFINED.**—In this section, the term ‘employee’ means any employee regardless of the authority under which the employee was hired.

“(f) **TERMINATION.**—This section shall terminate on September 30, 2027.”.

**SEC. 908. ELIMINATION OF LIMITATION ON AWARDS AND BONUS FOR EMPLOYEES OF DEPARTMENT OF VETERANS AFFAIRS.**

(a) **IN GENERAL.**—Section 705(a) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113–146; 38 U.S.C. 703 note) is amended by striking paragraph (3).

(b) **APPLICABILITY.**—Subsection (a) shall take effect on the date of the enactment of this Act and apply as if such subsection had been enacted on September 30, 2021.

**SEC. 909. ADDITIONAL AUTHORITY OF THE SECRETARY OF VETERANS AFFAIRS RELATING TO RECRUITMENT AND RETENTION OF PERSONNEL.**

Subchapter 1 of chapter 7 is amended by inserting after section 705 the following new section:

**“§706. Additional authority relating to recruitment and retention of personnel**

“(a) **RECRUITMENT AND RELOCATION BONUSES.**—The Secretary may pay a recruitment or relocation bonus under section 5753(e) of title 5 without regard to any requirements for certification or approval under that section.

“(b) **RETENTION BONUSES.**—(1) The Secretary may pay a retention bonus under section 5754(f) of title 5 without regard to any requirement for certification or approval under that subsection.

“(2) The Secretary may pay a retention bonus as specified in subsection (e)(2) of section 5754 of title 5 and may pay the bonus as a single lump-sum payment at the beginning of the full period of service required by an agreement under subsection (d) of such section.

“(c) **MERIT AWARDS.**—The Secretary may grant a cash award under section 4502(b) of title 5 without regard to any requirement for certification or approval under that section.

“(d) **INCENTIVES FOR CRITICAL SKILLS.**—(1) Subject to the provisions of this paragraph, the Secretary may provide a critical skill incentive to an employee in a case in which the Secretary determines—

“(A) the employee possesses a high-demand skill or skill that is at a shortage;

“(B) such skill is directly related to the duties and responsibilities of the employee’s position; and

“(C) employment of an individual with such skill in such position serves a critical mission-related need of the Department.

“(2) An incentive provided to an employee under paragraph (1) may not exceed 25 percent of the basic pay of the employee.

“(3) Provision of an incentive under paragraph (1) shall be contingent on the employee entering into a written agreement to complete a period of employment with the Department.

“(4) An incentive provided under paragraph (1) shall not be considered basic pay for any purpose.

“(5) The Secretary may prescribe conditions, including with respect to eligibility, and limitations on provision of incentive under paragraph (1).

“(6) Incentive provided under paragraph (1) shall not be included in the calculation of total amount of compensation under section 7431(e)(4) of this title.

“(e) **STUDENT LOAN REPAYMENTS.**—(1) Subject to the provisions of this subsection, the Secretary may repay a student loan pursuant to section 5379(b) of title 5.

“(2) Paragraph (2) of such section shall not apply to payment under this subsection.

“(3) Payment under this subsection shall be made subject to such terms, limitations, or con-

ditions as may be mutually agreed to by the Secretary and the employee concerned, except that the amount paid by the Secretary under this subsection may not exceed—

“(A) \$40,000 for any employee in any calendar year; or

“(B) a total of \$100,000 in the case of any employee.

“(f) **EXPEDITED HIRING AUTHORITY FOR COLLEGE GRADUATES; COMPETITIVE SERVICE.**—(1) Subject to paragraph (2) of this subsection, the Secretary may expedite hiring for college graduates under section 3115 of title 5 without regard to subsection (e) of such section or any regulations prescribed by the Office of Personnel Management for administration of such subsection.

“(2) The number of employees the Secretary may appoint under section 3115 of title 5 may not exceed the number equal to 25 percent of individuals that the Secretary appointed during the previous fiscal year to a position in the competitive service classified in a professional or administrative occupational category, at the GS–11 level, or an equivalent level, or below, under a competitive examining procedure.

“(g) **EXPEDITED HIRING AUTHORITY FOR POST-SECONDARY STUDENTS; COMPETITIVE SERVICE.**—(1) Subject to paragraph (2) of this subsection, the Secretary may expedite hiring of post-secondary students under section 3116 of title 5, without regard to subsection (d) of such section or any regulations prescribed by the Office of Personnel Management for administration of such subsection.

“(2) The number of employees the Secretary may appoint under section 3116 of title 5 may not exceed the number equal to 25 percent of the number of students that the Secretary appointed during the previous fiscal year to a position at the GS–11 level, or an equivalent level, or below.

“(h) **PAY AUTHORITY FOR CRITICAL POSITIONS.**—(1) Subject to the provisions of this subsection, the Secretary may authorize the fixing of the rate of pay for a critical position in the Department consistent with the authorities and requirements of section 5377 of title 5 that apply to the Office of Personnel Management.

“(2) The Secretary may fix the rate of pay for a critical position under this subsection in excess of the limitation set forth by section 5377(d)(2) of such title.

“(3) Basic pay may not be fixed under this subsection at a rate greater than the rate payable for the Vice President of the United States established under section 104 of title 3, except upon written approval of the President.

“(4) Notwithstanding section 5377(f) of title 5, the Secretary may authorize the exercise of authority under this subsection with respect to up to 200 positions at any time.

“(i) **RATES OF SPECIAL PAY.**—(1) The Secretary may establish a rate for special pay under section 5305(a)(1) of title 5.

“(2) In applying such section to the Secretary’s authority under paragraph (1)—

“(A) ‘50 percent’ shall be substituted for ‘30 percent’; and

“(B) ‘level II of the Executive Schedule’ shall be substituted for ‘level IV of the Executive Schedule’.

“(j) **WAIVER OF LIMITATIONS ON CERTAIN PAYMENTS UNDER PAY COMPARABILITY SYSTEM.**—The Secretary may waive the limitation in section 5307 of title 5 for an employee or a payment.

“(k) **TERMINATION.**—The authorities under this section shall terminate on September 30, 2027.”.

The **SPEAKER** pro tempore. The bill, as amended, shall be debatable for 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on Veterans’ Affairs or their respective designees.

The gentleman from California (Mr. TAKANO) and the gentleman from Illinois (Mr. BOST), each will control 30 minutes.

The Chair recognizes the gentleman from California.

#### GENERAL LEAVE

Mr. TAKANO. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on S. 3373, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. TAKANO. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I stand before this Chamber in support of S. 3373, as amended, which is now the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022.

This measure addresses a technical drafting error in the Senate amendment to my PACT Act. As you know, the PACT Act passed the House with strong bipartisan support in March of this year.

Today, despite the current rancorous political debates taking place across America, this Chamber has the chance to help the country heal after 20 years of war.

We have an opportunity to make good on the promise we made to our servicemembers when our country sent them into harm's way: that we would take care of them and pay for that care when they come home.

For too long, veterans have faced an uphill battle to prove that the rare illnesses and cancers they were experiencing stemmed from their time in the military.

For too long, Congress and the Department of Veterans Affairs have been slow to accept responsibility and cost of that care, and for too long the United States has not made good on our promise to our veterans.

But today, I make a plea for unity so that we may right this wrong and make good on our commitment to honor our pact with America's veterans. Today, we can finally recognize toxic exposure as a cost of war.

□ 1345

In the past, we saw Vietnam war veterans living with the effects of Agent Orange, fighting the VA for the care and benefits they were due. The Blue Water Navy Vietnam Veterans Act was signed into law in 2019, but it came nearly four decades too late. This bill could have been passed 2 years earlier when my friend, then-Republican chairman, Dr. Phil Roe, was leading this committee, but two Senators held up that bill. During that needless delay, many veterans succumbed to their illnesses, and their families were not compensated. Now is our chance to make amends for that.

There is absolutely no reason for veterans and their survivors to fight the VA for the care and benefits they have earned through their service. Never

again should veterans be made to suffer the indignity of fighting their own government.

After Blue Water, I vowed that we would never again fail to live up to our promises to our veterans. That is why, at the beginning of the 117th Congress, I made addressing the effects of toxic exposure my top priority as chairman.

Throughout our history, America has cast aside party affiliation on behalf of veterans, coming together to pass landmark legislation to properly recognize those who have served, such as in 1944 when Congress passed the GI Bill. The GI Bill was transformational for a generation of veterans. By 1956, nearly 8 million veterans had used the GI Bill's education benefits and millions more still benefit from it today.

We have an opportunity to make a generational impact today. The PACT Act will directly affect one out of every five veterans, or 3.5 million people. It will also send a strong message to future generations of veterans that America will take care of them when their service ends.

The way this country has dealt with toxic exposure has been piecemeal and inadequate. President Biden recognizes this, too. Shortly after he was sworn in, I met with the President about our shared priorities for veterans. Upon learning of my goal to pass comprehensive legislation to help toxic-exposed veterans, the President leaned over to me and talked about his son, Beau, who served near burn pits in Iraq and Kosovo.

It might be hard for most Americans to imagine what a burn pit looks like because they are illegal in the United States. Picture walking next to and breathing fumes from a burning pit the size of a football field. This pit contained everything from household trash, plastics, and human waste to jet fuel and discarded equipment burning day and night. Beau Biden lived near these burn pits and breathed the fumes that emanated from them.

President Biden believes that constant exposure to these burn pits, and the toxic fumes they emitted, led to Beau's cancer and early death. It was during that meeting when I knew I had a partner in President Biden.

At the State of the Union, President Biden called on Congress to pass bipartisan legislation to comprehensively address the effects of toxic exposure and improve the delivery of benefits for toxic-exposed veterans. I cannot thank him enough for throwing his support behind this effort and placing those who have served our country at the center of his unity agenda.

To my colleagues who previously voted "no" on the PACT Act in March, I ask you the same question I asked you then: Are you willing to support our troops and honor our Nation's promise to them? Or will you allow naked partisanship to once again deny our veterans the care they deserve?

Just this Congress alone, every single Democrat in this body voted to make

sure each day in uniform counts toward GI Bill benefits. Every single Democrat voted to ensure a smooth transition from Active Duty to civilian life. Every single Democrat voted to honor our pact with toxic-exposed veterans. There is no question as to where Democrats stand on prioritizing America's veterans. We are backing up our thank-you with concrete action.

Frankly, all the bills that I mentioned should have passed with unanimous support. If the American people knew the context of these bills and knew the content of them, they would demand unanimous support from this Chamber.

But I take this moment now to recognize my Republican colleagues in this Chamber who put keeping our promise to veterans above partisanship. I thank the Republican cosponsors of this bill, Representatives FITZPATRICK and CLINE.

Further, I recognize the 34 Republicans who in March showed their support for veterans by voting "yes" on final passage, including Veterans' Affairs Committee members, General BERGMAN and Representative MACE. I also recognize the commitment of Representatives BILIRAKIS and KINZINGER, who do not serve on this committee, but demonstrated early leadership by supporting this legislation. I am also glad to see my colleague, Ranking Member BOST, finally stand in support of this bill today.

Moreover, in June, an overwhelming bipartisan majority of 84 Senators voted in favor of the PACT Act in the Senate. This proved the value of the cause and showed that it had momentum, so the trajectory of this effort is clear.

But here is also a very rare situation where there is a chance for redemption. For those of my Republican colleagues who previously hesitated, sat on the sidelines, or chose politics over veterans, you get a second chance to do the right thing. There is no reason why this time this measure should not garner at least 400 votes in this Chamber.

Why is it that a Republican leader and Republican whip, who aspire to be in the majority but do not show the fortitude to govern, are continuing to oppose this bill and are asking you to do the same? Do not let them stand in the way with unconvincing arguments about budgetary constraints when the true cost of war, the human cost of war, is abundantly clear.

For example, as the House considers the National Defense Authorization Act this week, a bill that authorizes \$838.8 billion, spending which I believe could be justifiable, I am reminded of the stark reality of how this Congress approaches Federal spending.

It has become a battle of defense spending versus everything else. That everything else includes veterans, schoolchildren, the elderly, and our constituents. I vigorously object to veterans being pitted against their fellow Americans to fight for funding. Do

we really want to support veterans by limiting school lunches for children? Do we support veterans by limiting help for seniors? You can be damn sure our veterans didn't sign up to serve our country, watch their families make sacrifices, or go to war far from home so Members of this body could perpetuate a false choice that pits Americans against one another.

The right choice, the choice we are going to make today, is simple: Recognize toxic exposure as a cost of war, period.

Using hypocritical arguments about fiscal responsibility as a reason to oppose this bill when the truth of the moral responsibility of caring for our veterans is made crystal clear, is not consistent with American values. Make no mistake: When our country goes to war, we don't nickel and dime the Department of Defense, and we shouldn't try to pinch pennies when it comes to covering the care for toxic-exposed veterans.

We don't hear these arguments about needing offsets when we are asked rightly to support more body armor or protection from IEDs. This Congress steps up to the plate to provide our servicemembers with what they need to fight our wars. So why are Members of this body arguing that we need to scrounge around to find money for our veterans? It is time for Congress to fully support toxic-exposed veterans as they fight the rare cancers and illnesses after returning home.

Now, I must express dismay also about the procedural steps we must now undertake because a single Senator is preventing the Senate from quickly fixing the technical issue in this bill. This Senator, already having watched the bill pass the Senate the first time with strong support, knowing the veteran sacrifice behind it, and the blood, sweat, and tears shed by the veteran community to finally get this done, chose instead to object because he doesn't like the funding mechanism in this bill.

His position is the losing one, it was the losing one, and he has held up this bill for no other reason other than sour grapes; and to what end is unclear when veterans suffer in the meantime. Therefore, we Members of the House must take this route to push forward and do what we know is right.

The Honoring our PACT Act would not have been possible were it not for the veterans who selflessly shared their stories, their pain, and their trauma, opening the eyes of their fellow Americans to the realities of being exposed to toxic substances.

Throughout this process, I have met many toxic-exposed veterans whose sacrifice and courage continued long after they hung up their uniform. I am forever humbled by the courage of Dr. Kate Hendricks Thomas, a Marine veteran who served near a burn pit in Fallujah who later fought the VA for 3 years to get the care she needed.

I am sorry to say she passed away this spring, but not before selflessly

fighting for a comprehensive bill that would aid over 3.5 million veterans like her living with the effects of toxic exposure, a bill that she herself would not benefit from. We also honor the valor of Wesley Black, Heath Robinson, Jennifer Kepner, and so many others who are no longer with us.

This bill would also not have been possible without the support of over 40 veteran service organizations. Each of these organizations understand that toxic-exposed veterans are still in the heat of battle. I thank them for their impact and advocacy for the Honoring our PACT Act.

I also thank my staff, who worked tirelessly to listen and engage with advocates and stakeholders and spent countless hours drafting and redrafting this bill to get it right.

I also thank Speaker PELOSI for always being a tireless advocate for veterans, along with Majority Leader HOYER.

I also thank Senate Majority Leader SCHUMER for his work with Senators TESTER and MORAN and the Senate Veterans' Affairs Committee to pass this bill.

I also point out that Jon Stewart and John Feal kept us accountable.

Most importantly, to the families of veterans who tragically lost their lives as a result of being exposed to toxic substances during their time in service, I thank you for your sacrifices.

This legislative effort will help our veterans heal, and it offers hope that our country can do the same. It sends a message to all Americans that their Government will not allow their grievances to go unaddressed. It acknowledges the suffering endured by our Vietnam war veterans and demonstrates to them that we have learned from our mistakes and that their struggle and their suffering was not in vain.

We are setting a new standard with the PACT Act. We are telling our veterans: The burden of proof is not on you. Because of your sacrifice to our country, this Congress and the American people are giving you the benefit of the doubt that you have earned.

Let's pass this bill and ease the anxiety in the minds of our veterans who are living with cancer or other illnesses and terminal diseases and let them know that their families are going to be taken care of. I believe this is what the American people want and what everyone in this Chamber should want. It is what our veterans deserve, and it is the right thing to do.

Madam Speaker, I encourage all my colleagues to honor their pact with the veterans by voting "yes" on this bill.

Madam Speaker, I reserve the balance of my time.

Mr. BOST. Madam Speaker, I yield myself as much time as I may consume.

Madam Speaker, I rise in support of S. 3373, as amended, the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act.

When we were debating the House version of the PACT Act 4 months ago, I couldn't have said that. I am glad that I can today.

The bill is not perfect, but expanding healthcare and benefits for veterans who were exposed to burn pits or other dangerous toxins while serving our country is the right thing to do.

I come from a long line of veterans. My grandfather, Marines; my father, Army; my uncle, Marines; I was in the Marines; my son, Marines; my grandson, Marines; and my granddaughter enlisted this year in the United States Navy.

□ 1400

I know exactly how high the stakes are when this country sends young men and young women to serve. I know exactly how high the stakes are when they come home. I know exactly how often we have failed to meet them and give them what they need. That is why I helped lead the charge to provide disability benefits to blue water Navy Vietnam veterans a few years ago.

We were decades late in giving those veterans the help they need. My vow then and now was to make sure that other generations of veterans don't have to wait for benefits they earned while they were serving or the healthcare they require.

DOD estimates that 3.5 million veterans have been exposed to dangerous toxins in Iraq and Afghanistan over the past 20 years. Some of them are already sick and suffering from the health effects of that exposure. They need help, and this bill will give it to them.

This bill will also make sure that the VA can actually give that help to them, unlike the earlier PACT Act that could not.

I am grateful for the hard work of the Senate Committee on Veterans' Affairs Chairman JON TESTER and Ranking Member JERRY MORAN. They took a flawed House bill and made it better.

There are several aspects of their work that make today's vote on the PACT Act very different than the prior one. This is a better bill than the one the House passed in March.

It reflects bipartisan negotiations and input from VA, which is ultimately responsible for putting this into practice.

It incorporates the good work the VA is already doing to address toxic exposure—namely, the scientific framework that the VA has been using since last year to expand benefits to toxic-exposed veterans.

It removes certain provisions from the House bill that VA told us could not and would not get done. It adds other provisions that would make VA work more transparently to veterans and taxpayers, more flexible, and more scientifically sound.

All of those things were missing from the prior House version. Most importantly, the earlier version of the bill ignored the massive operational impacts this effort will have on VA's

healthcare and benefit systems. In contrast, this bill addresses this head-on.

To ensure that the VA has the staff capacity it needs to better serve toxic-exposed veterans, this bill would: authorize 31 VA medical facility leases; make it easier for Congress to authorize additional VA medical facility leases going forward, something the committee has been trying to do for decades; make it easier for VA to recruit and retain the staff it needs to implement the bill; and give VA resources to process claims faster using modern technology.

These changes and additions are critical to the bill's success, and they give me confidence to vote for this bill without fearing that it would be impossible to implement or risk breaking the VA for veterans everywhere, those who are already receiving benefits.

Many of us are concerned about the CBO score for this bill and the funding mechanism it contains. The total score went from \$325 billion over 10 years in the prior version to \$681 billion in this version. I don't criticize my colleagues for being concerned about that. That is an increase of \$356 billion.

That number gives me a lot of pause when I consider the strain that rising inflation is already putting on American families. Anyone who is trying to serve these veterans, it should give them pause, too, because not only is it the veterans that will be paying, but it is their children and grandchildren, as well.

However, only about \$285 billion of the score is truly new spending. The costs of expanding care and benefits for toxic exposure actually decreased by about \$40 billion from the prior version of this bill to this one. The rest of the score is a result of the cost of war toxic exposure fund.

The fund pays for expanding healthcare for veterans who experience toxic exposure. That is reasonable. However, the fund is also a budgetary ploy by the Democrats to take existing healthcare costs that have nothing to do with toxic exposure and transfer them from discretionary to mandatory spending. That is causing CBO's score to be artificially high because almost \$400 billion in costs that are already funded by current law are being scored against the bill.

Even worse, this ploy would put even more government spending on autopilot and limit our ability to control and oversee it, which is our right under the Constitution. That is wrong.

Now, some of my colleagues will vote against the bill because of that, and like I said before, I don't blame them. I am not. I am voting for it because, as the Republican leader of the Veterans' Affairs Committee and as a veteran, I know that, on balance, this is a good bill that will help millions of veterans, servicemembers, survivors, and military families. That is why I will be supporting this bill today.

I have already thanked our Senate colleagues for their work on this bill,

but I also thank many Members on both sides of the aisle who have introduced the various standalone bills that make up the PACT Act, including Chairman TAKANO for his hard work and commitment to this issue. I thank our staff because they also have worked to make sure that this bill would come about, not only that it would come about, but it would be able to be implemented.

I recognize the many veterans service organizations who have held our feet to the fire every step of the way to get it done. I know they will stay by our side every day ahead to make sure VA does it right. I look forward to doing the work with them.

Madam Speaker, I reserve the balance of my time.

Mr. TAKANO. Madam Speaker, I certainly welcome the support of the ranking member on this bill.

May I inquire as to the time remaining in debate.

The SPEAKER pro tempore. The gentleman from California has 14½ minutes remaining. The gentleman from Illinois has 22 minutes remaining.

Mr. TAKANO. Madam Speaker, I yield 2 minutes to the gentlewoman from Virginia (Mrs. LURIA), my good friend who is the chairwoman of the Disability Assistance and Memorial Affairs Subcommittee.

Mrs. LURIA. Madam Speaker, I rise in strong support of the Honoring our PACT Act. As we near final passage of this historic and comprehensive legislation to address toxic exposures afflicting veterans across several generations, it has been a privilege to lay the groundwork for this endeavor as chair of the Disability Assistance and Memorial Affairs Subcommittee.

Many pieces of legislation that have passed through our jurisdiction are on their way to being included in this package and becoming law. In particular, I am honored to have introduced the COVENANT Act, a cornerstone of the PACT Act.

This bill is best known for providing access to care for those veterans exposed to burn pits and many others who have struggled too long to receive care for health conditions caused by burn pits and other toxic exposures. To put it simply, this bill will see that 3.5 million veterans are eligible for Priority Group 6 VA healthcare. It concedes exposure to airborne hazards and recognizes 23 new airborne hazard-related conditions as presumptively service-connected.

When signed into law, I don't think I would be wrong in saying that this is possibly the largest increase in access to veterans healthcare that any of us have seen in our lifetimes. This legislation will assist many of our fellow servicemembers and veterans who have suffered for too long.

The PACT Act has been a long time coming, but today the House is prepared to send this essential veterans assistance package back to the Senate and, ultimately, to the President's

desk. We are finally recognizing the true cost of war for all who deployed in defense of our Nation.

I thank Chairman TAKANO for his unwavering leadership through this process, as well as my fellow Members on and off the committee for their important contributions to this historic legislation.

Lastly, I thank the veterans, the survivors, and the veterans service organizations, VSOs, who have made their voices heard. This is for you.

I wholeheartedly urge my colleagues to vote "yes" on the Honoring our PACT Act.

Mr. BOST. Madam Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. BERGMAN), the highest ranking officer that serves in Congress today. He has served with many of the men and women who will benefit from this bill today.

Mr. BERGMAN. Madam Speaker, I rise in strong support today of S. 3373, the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022.

I associate myself with the comments of our Republican leader on the Veterans' Affairs Committee, Mr. BOST, who also happens to be a fellow marine. He articulated very well the elements of where we were, where we are, and where we are going.

This is the latest version of what many of my constituents know as the PACT Act, and it has only improved since it passed the House last March.

As a Vietnam veteran myself and as the ranking member of the House Veterans' Affairs Subcommittee on Health, I am more than familiar with the struggles faced by veterans, young and old, across our Nation who have been exposed to toxic substances during their time of service.

This legislation will finally establish a comprehensive framework for the VA to provide veterans and their survivors for generations to come with the toxic exposure-related care and benefits that they deserve.

For example, this bill will instantly provide presumptive benefits for veterans and survivors who are terminally ill, homeless, over the age of 85, experiencing extreme financial hardship, or able to show another emergent need.

It will also supercharge toxic exposure research, improve the way in which the VA interacts with toxic-exposed veterans, and authorize 31 major medical facility leases.

Whether it is from burn pits or Agent Orange, toxic exposure is perhaps the most widespread and urgent issue facing our military community.

Madam Speaker, I urge my colleagues to join me in supporting this bipartisan solution based on what the veterans themselves have been telling us for a long time. It is time to act.

Mr. TAKANO. Madam Speaker, I yield 1 minute to the gentleman from Indiana (Mr. MRVAN), my good friend who is the chairman of the Subcommittee on Technology Modernization and on the Veterans' Affairs Committee.

Mr. MRVAN. Madam Speaker, I rise today in support of the final version of the Honoring our PACT Act, which will uphold our obligation to ensure that veterans receive the world-class healthcare they deserve.

As a Member of Congress and a member of the Veterans' Affairs Committee, we have a responsibility to support all veterans when they return home from protecting our freedoms and defending our democracy.

As I walked the parade routes of the Fourth of July and visited the veterans service organizations, it is not enough to simply say "thank you for your service" to our veterans. It is through our actions that we provide proof we have our veterans' backs and value their service.

Ultimately, veterans living with toxic exposures must not be denied the care and benefits they have earned.

I encourage all of my colleagues to join me in supporting this measure. Again, I thank Chairman TAKANO, all the Members, and all of my colleagues on the House Veterans' Affairs Committee for their leadership to finalize this critical legislation to have our veterans' backs.

Mr. BOST. Madam Speaker, I yield 3 minutes to the gentleman from Texas (Mr. ROY), who has served from the time of being in Congress on the Veterans' Affairs Committee.

Mr. ROY. Madam Speaker, I thank the ranking member for yielding.

As a member of the Veterans' Affairs Committee and as someone who represents San Antonio, an inordinate number of veterans, Joint Base San Antonio, Army Futures Command, I regret to rise in opposition to the legislation before us.

I respect the enormous amount of work that has gone into this legislation by the committee staff, by the ranking member, by the chairman, by the Senate. Obviously, it is an important issue, and it is critical. I have many friends here, particularly veterans, who support this measure, and I understand why.

Every single one of us wants to make sure that we take care of this issue, and frankly, it has been way too long in getting to it. I agree with that completely. But, unfortunately, I cannot support this bill because this bill spends about \$285 billion that we don't have.

□ 1415

We have to address the issue in this body of spending money we don't have. The chairman said: Well, why don't you raise it on other issues? I raised it on every single issue. I raised it on a \$2 million bill about 30 minutes ago on the floor.

At some point, we have to pay for the stuff that we are spending it on or the very things that these veterans sacrificed for will be made completely and utterly worthless. We are destroying the Republic that these men and women sacrificed for, and we are de-

stroying it in this Chamber by our incompetence and by our irresponsible refusal to actually manage the affairs of the Republic appropriately.

Putting this bill on autopilot to the tune of \$680 billion of mandatory spending with \$280 billion unpaid for, which we can pay for right now with existing COVID funds, we could pay for it right now with the elimination of the SALT deduction, we could pay for it right now with any number of spending cuts and/or tax increases—if we wanted to have that debate on the floor of the House—but we are not doing it.

We do a disservice to the veterans who are sick because of the burn pits. We do a disservice to the veterans who laid their lives on the line and died for this country. We do a disservice to the military that we say that we support when we are not spending money that we actually have, as opposed to printing money and borrowing money.

Putting it on autopilot, when 60 percent of our spending every year is already on autopilot—when we are \$30.5 trillion in debt. Instead of the established scientific framework, we put 20 conditions in without scientific evidence which will cause a backlog, which the VA even acknowledges will cause a backlog. These are real concerns that we ought to address.

Fundamentally, you have to pay for that which we are spending. We are undermining the sacrifice of the very veterans that we say that we are helping with this measure by not doing it with fiscal responsibility.

Mr. TAKANO. Madam Speaker, nothing could be more important or a higher priority in defense of our Republic than to address the unaddressed grievances of our veterans. We are keeping our promise to our veterans. We are saying today that doing so is a cost of war.

Madam Speaker, I yield 1 minute to the gentleman from Maryland (Mr. TRONE), a member of the House Veterans' Affairs Committee and active member of the Economic Opportunity Subcommittee.

Mr. TRONE. Madam Speaker, today I rise to urge my colleagues to pass the Honoring our PACT Act to give our veterans the healthcare they earned.

Over 3.5 million veterans have been exposed to toxins, such as burn pits, during deployment, causing horrific health impacts. To add insult to injury, the disability benefit claims process places the burden on our vets themselves to jump through hoops. This is a shameful problem—a shameful problem—one we are determined to fix.

This legislation, which includes my FASTER Presumptions Act, will help cut the red tape and streamline procedures for veterans who have earned it to access their healthcare benefits faster. Our veterans served our country with honor and we have to honor their service.

Madam Speaker, I urge my colleagues to honor our PACT through this bill, and I thank Chairman TAKANO for his leadership.

Mr. BOST. Madam Speaker, I yield 3 minutes to the gentlewoman from Iowa (Mrs. MILLER-MEEKS), who has actually served in health situations in our military, a veteran herself, and is very aware of the things that we are dealing with here.

Mrs. MILLER-MEEKS. Madam Speaker, I rise in support of the Sergeant First Class Heath Robinson Honoring our PACT Act.

When the House first passed the PACT Act in March, I spoke on the floor and urged my colleagues to find a bipartisan solution to give toxic-exposed veterans the care and support that we as a country owe them. This bill is that bipartisan solution, and I am proud to support it.

As a 24-year military veteran, I have seen firsthand the effects that toxic exposure has had on my fellow service-members, whether it is herbicides like Agent Orange in southeast Asia or burn pits in the Middle East.

In fact, my knowledge is so intimate that my husband, who is also a 30-year veteran, and I, have a close friend, Jay, who, after his deployment to Desert Storm, that very brief conflict, in coming back to the United States came off of the plane and collapsed. He developed a heart condition called cardiomyopathy, which led this 30-year-old to have a heart transplant, aseptic necrosis of his hip with a replacement of his hip, and soon his untimely and young death.

Exposure to these substances can lead to severe life-altering diseases. However, under the current system at the VA, it can be extraordinarily costly, time-consuming, and in some cases, impossible for a sick or disabled veteran to prove that their condition is related to the toxins to which they were exposed during their military service.

The bill we are voting on today ensures that this will no longer be the case. Under the framework created by the PACT Act, toxic-exposed veterans will finally receive the care and benefits they deserve and have earned. This bill ensures the VA will administer those benefits in a responsible, fair way.

This new version of the PACT Act includes important reforms to build on the VA's existing framework for toxic-exposed veterans, and it ensures that the VA has the flexibility to respond and adapt to new scientific evidence on toxic substances.

Importantly, it also ensures that veterans who are most in need—those who are terminally ill, homeless, elderly, or experiencing hardship—receive their benefits immediately so they do not have to wait any longer for our government to act.

Madam Speaker, I urge all my colleagues to support the PACT Act. This bill is not perfect by any means, but we should not allow perfect to be the enemy of the good. Make no mistake, this is a good bill for our Nation's veterans. I am proud to support this bill and I am proud to stand with the men and women of our Armed Forces.



Mr. TAKANO. Madam Speaker, I yield 1 minute to the gentlewoman from Michigan (Ms. SLOTKIN), my good friend who serves on the Disability Assistance and Memorial Affairs Subcommittee of the Veterans' Affairs Committee.

Ms. SLOTKIN. Madam Speaker, I rise in support of the PACT Act and my bill contained within on burn pits.

Most of us here all know about Agent Orange and the horrible effects it had on our veterans in Vietnam. We also remember how long it took for Congress and the VA to respond and make sure our veterans had the care and benefits they needed.

The bill we will vote on today is a landmark piece of legislation that will address the Agent Orange of the post-9/11 generation: burn pits.

For anyone who doesn't know, burn pits are used to dispose of waste on a military base, usually abroad in a combat zone, with jet fuel used to light the fuse. For years, we have used these burn pits in places like Iraq and Afghanistan. I lived near one in Iraq on three tours.

Just as with Agent Orange, we have learned over the years that the toxins our servicemembers have been exposed to have horrible consequences, strange cancer diagnoses, respiratory issues that have affected millions of veterans, including those in Michigan.

This issue has been deeply personal to me as an Army wife and someone who lived near those burn pits while with the CIA.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. TAKANO. Madam Speaker, I yield an additional 30 seconds to the gentlewoman.

Ms. SLOTKIN. Madam Speaker, for years, 9/11 veterans have walked into their local VA center only to be turned away.

Madam Speaker, one of the most important things I have worked on in my short 3½ years here is this bill. It is the biggest veterans' healthcare bill we have passed in decades.

Last week, I visited our local VA in Lansing—and they know it is coming—another 3.5 veterans will have access to healthcare because of this bill.

We do important things in this body all the time, but I think fewer are more important than this one we are going to vote on today.

Madam Speaker, I urge my colleagues on both sides of the aisle—I am glad many of my colleagues on the other side of the aisle have switched their positions—to now vote on this bill.

Mr. BOST. Madam Speaker, I yield 3 minutes to the gentleman from Montana (Mr. ROSENDALE), the ranking member of the Technology Modernization Subcommittee of the Veterans' Affairs Committee.

Mr. ROSENDALE. Madam Speaker, the Senate version of the PACT Act helps connect veterans who were exposed to burn pits or dangerous toxins

in service to our country with the healthcare and benefits they have earned and were promised.

This legislation also codifies the scientific framework that the VA is already using to provide benefits to toxic-exposed veterans, better reflects current practice, and improves transparency.

The previous House-passed version, which I voted against, ignored the work the VA is already doing to improve services to toxic-exposed veterans.

This bill improves and codifies the pilot program that the VA established last year to extend compensation benefits to toxic-exposed veterans.

This bill also includes provisions to increase transparency, provide flexibility, and keep pace with scientific advancements for toxic exposure.

In addition, this legislation includes workforce enhancements, and other changes, to ensure the VA can improve services to toxic-exposed veterans without compromising care and benefits.

The prior House version of the PACT Act failed to address the operational impact on the VA of servicing the benefits of toxic-exposed veterans, which would have left veterans waiting in a backlog of 1.5 million claims. This new version includes provisions that address the operational impacts head-on.

Madam Speaker, this legislation is not perfect. I do not support everything that is in this piece of legislation. But as the saying goes: We cannot let the search for perfect be the enemy of the good, or, in this case, what is right and necessary.

Our veterans have waited far too long to receive the help that they were promised. It is far past time for Congress to stop screwing around, breaking our own rules, while America's veterans suffer and literally die.

Since my time in Congress began, I have been a strong advocate for Montana veterans, and I work tirelessly in the House Veterans' Affairs Committee to ensure that all America's veterans are able to receive the quality care that they were promised, and the care that they have earned.

We are willing to spend far too much money to engage in conflict, and far too little to care for our warriors once they come home.

Madam Speaker, I intend to vote for this legislation and I encourage my colleagues to do the same.

Mr. TAKANO. Madam Speaker, I welcome the support of the gentleman from Montana.

Madam Speaker, I yield 1 minute to gentleman from California (Mr. RUIZ), my good friend and member of the House Veterans' Affairs Committee, where he is an active member of the Disability Assistance and Memorial Affairs Subcommittee.

Mr. RUIZ. Madam Speaker, once again, we stand at the precipice of making a monumental change in the lives of our servicemen and service-women and veterans.

Yet, here we are voting on the Honoring our PACT Act for the third time because of a Senate technical issue. Enough is enough. Our veterans do not have time for technicalities. Their lives are literally on the line.

As a cofounder of the bipartisan, bicameral Burn Pits Caucus, I have spent years fighting to ensure that our veterans exposed to toxins from burn pits get the care and benefits they need and deserve.

My bill, the Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act is the foundation that the Honoring our PACT Act is built on. It removes the burden from the veterans to prove that 23 illnesses or conditions—including various cancers—that they are suffering from are due to their service near burn pits.

Madam Speaker, I implore the House to pass this fix to the Senate's blue slip error, and I urge the Senate to pass the Honoring our PACT Act immediately. Our veterans' lives are on the line.

Mr. BOST. Madam Speaker, I yield to the gentleman from Texas (Mr. ELLZEY), a Navy veteran and F-18 pilot.

Mr. ELLZEY. Madam Speaker, I come before the House of Representatives to discuss the newest and best version of the PACT Act before us today.

Putting the needs of our veterans first is something we can all agree on. On March 3, the House passed a version of the PACT Act that was unworkable and unaffordable. At that time, I joined my colleagues in calling for negotiations and refinements that would best help the veterans and gain bipartisan support, and I voted "no" on that original bill.

The bill that we have before us today is the result of those long and difficult negotiations. This version of the bill reinforces why I opposed it during the initial passage. When we work together and put the well-being of veterans above partisan politics, we get a workable, effective bill that will save the lives of those who have given so much for us.

It is not a perfect bill. There remains language, including the costs and mandatory spending that are somewhat troubling, but I am confident that we will be vigilant about carrying out our oversight of the implementation of those provisions and the spending associated with them. I also call on the moneys moved to mandatory spending be moved back to discretionary when we take back the majority.

America's veterans who were exposed to toxins during their voluntary military service in combat to preserve America's liberty and freedoms will finally receive the healthcare and benefits they need.

□ 1430

I support this legislation because it requires the VA to contact every single veteran who filed a claim for benefits that related to toxic exposure but had

the claim originally denied, allowing them to refile their claim. I support this legislation because it expands the screening of possible toxic exposure to every veteran receiving VA care.

America's obligation to our veterans is best conveyed by the words of Abraham Lincoln: "To care for him who shall have borne the battle, and for his widow, and his orphan."

Madam Speaker, I urge all Members to vote in favor of the amendments to H.R. 3967.

Mr. TAKANO. Madam Speaker, may I inquire as to the time remaining.

The SPEAKER pro tempore. The gentleman from California has 8 minutes remaining. The gentleman from Illinois has 10 minutes remaining.

Mr. TAKANO. Madam Speaker, I yield 1 minute to the gentleman from Arizona (Mr. GALLEGO), who is my good friend. He is an active member of the House Veterans' Affairs Committee and serves on the Economic Opportunity Subcommittee.

Mr. GALLEGO. Madam Speaker, I rise in support of the Honoring Our PACT Act—overdue, desperately needed legislation providing care for veterans who have been exposed to toxic substances while serving their country.

I am especially grateful for the provisions in this bill that provide healthcare to veterans harmed by burn pits. When I was in Iraq, exposure to burn pits was an everyday, constant fact of life.

Too many veterans—my dear friends from Lima Company 325 and other marines—are sick from that exposure with respiratory diseases, cancer, and other chronic conditions that young men should not be having right now.

Too many veterans live in fear that their next doctor's appointment will reveal an illness that—in addition to harming their health—could drive them into bankruptcy because the VA refuses to care for them. I am one of those people who does have that fear.

Every day we go without fighting for those veterans is a choice to let down those who have sacrificed most for our Nation. We will not let them down today.

Madam Speaker, I am proud to vote for this bill on behalf of my fellow veterans, and I urge all my colleagues to join me in doing so.

Mr. BOST. Madam Speaker, I yield 1 minute to the gentleman from the State of Michigan (Mr. MEIJER).

Mr. MEIJER. Madam Speaker, I rise today in support of the Sergeant First Class Heath Robinson Honoring our PACT Act.

We have an urgent moral obligation to take care of the men and women who have served and sacrificed in uniform to defend our Nation. I have seen the impacts of burn pit and toxic exposure hazards firsthand both as a U.S. Army soldier in Iraq and also as somebody who has served alongside others in the Veterans' Affairs Committee and who have constituents today who are suffering from those ailments.

This comprehensive, bipartisan package will expand VA coverage; and to those 3.45 million toxic-exposed veterans, provide the VA additional resources so it can better care for our veterans and also create the framework for establishing future toxic exposure-related presumptions of service connection so we don't have to go through this again.

I am especially proud that a bill I introduced last year with my colleague from Michigan, Congresswoman SLOTKIN, the Veterans Burn Pit Exposure Recognition Act, was included in this final package.

Madam Speaker, I look forward to supporting final passage of this bill, and I encourage all my colleagues to ensure its swift passage. With this bill, we will make good on the promises we made to our Nation's servicemembers and veterans.

Mr. TAKANO. Madam Speaker, I yield 1 minute to the distinguished gentlewoman from California (Ms. PELOSI) who has been a tremendous supporter of this legislation.

Ms. PELOSI. Madam Speaker, I thank the gentleman for yielding, and I thank him for his leadership as chair of the Veterans' Affairs Committee. I am grateful for the bipartisan support that the bill is receiving here.

Madam Speaker, I rise today in strong support of the landmark Honoring our PACT Act. As you know, PACT stands for Promise to Address Comprehensive Toxics Act, now named after Sergeant First Class Heath Robinson. I am going to talk about him in a moment.

This bipartisan legislation honors our duty to deliver healthcare that millions of veterans need and that they have certainly earned. This is the second time the House has voted on this important bill, and we are proud that after the Senate passes this version, we will finally send it to the President to be signed into law.

For their relentless leadership on this legislation, let me salute Chairman MARK TAKANO and his ranking member as well who made addressing toxic exposure a top priority in this Congress; Congressman RAUL RUIZ, whose experience as a physician informed a key provision of this bill establishing presumption of exposure; and Congresswoman ELAINE LURIA, a Navy veteran who authored a provision expanding health benefits to veterans exposed to burn pits.

Also included in this legislation—and I am so pleased about it—is legislation by Congressman MATT CARTWRIGHT, author of the Camp Lejeune Justice Act, to allow veterans or their loved ones to seek damages related to injuries incurred while serving at Camp Lejeune.

We have had many people come from the area. The legislators from North Carolina, DAVID PRICE and others, have been relentless in their pursuit of this legislation. Families would come here and tell their stories of their loved ones' service at Camp Lejeune where

the water supply was causing serious health problems not only for the servicemember, which would be horrible enough, but for their family members as well. This is corrected in this legislation and is a very important improvement.

From the deserts of Iraq to the mountains of Afghanistan and on the bases and military theaters around the world, a generation of courageous Americans have donned the Stars and Stripes to protect our freedom. These heroes have put their lives on the line to fight the enemy. Yet, tragically, many of them have confronted another deadly threat: exposure to burn pits and toxins which have taken a severe toll on their health.

Make no mistake: burn pit exposures are pervasive. Eighty-six percent of the Iraq and Afghanistan veterans report having been exposed to these toxic fumes. I don't want to go into what is in these pits. It is so disgusting.

They are deadly. The VA has seen over a 60 percent increase in rates of cancers tied to toxic exposure in the last 20 years. But when these veterans come home, they are forced into a convoluted claims process which cruelly saddles them with the burden of proof, and nearly three-quarters of burn pit-related claims are denied. Think of the injustice of that.

Tragically, this problem is not new to our Nation. Many veterans of the Vietnam war were forced to wait four long decades before their exposure to Agent Orange was recognized and they could claim benefits. This was, of course, addressed with the Blue Water Navy Vietnam Act that was passed by the Congress in 2019. Some Agent Orange provisions have been in subsequent NDAA legislation.

I know this issue well. Before I was in Congress, I was participating in sit-ins with hunger strikes for Vietnam vets in the early eighties. More than one time we were joined by Dick Gregory who had experience in hunger strikes for civil rights reasons, and he was instructing the veterans on how to hydrate, et cetera, so that they could survive the hunger strikes hopefully in time to make a difference. But it took decades. We cannot and will not let that happen to another generation.

There are potentially up to 3.5 million veterans deployed after the attacks of September 11—3.5 million deployed since September 11—who may have been exposed to toxic fumes and substances, and we must act now to save lives.

The PACT Act is a comprehensive bill—others have discussed what it does—that meets the challenge of toxic exposures for veterans in three ways. First, it expands access to VA healthcare to post-9/11 combat veterans exposed to toxins. Second, it grants presumptions of exposure for veterans with rare cancers, COPD, and other debilitating diseases. Third, it creates a permanent, streamlined process to ensure that future Secretaries will review and approve new exposure swiftly.

Why do we have these burn pits?

We always keep saying here that on the battlefield we leave no soldier behind and when they come home, we leave no veteran behind. And yet, they come home with hidden injuries—whether they are psychological or exposures to a burn pit—the consequences of which do not show up for a while.

We have spent more than \$6 trillion recruiting, training, and deploying our servicemembers overseas during the last 20 years. But let's be clear: This is only part of the price tag. When we send our troops into conflict, we have to understand that we are responsible for the consequences. Burn pit exposure is one of them. Toxic exposures are a cost of war, and we must treat it as such. This is not a question of dollars. It is a matter of values.

In all of the Congress' work for veterans, it is imperative that veterans' groups, our veterans, their families, and the veterans service organizations, the VSOs, are not only at the table, but they are also leading the way. Mr. TAKANO has been a leader at that table for years.

The overwhelming support of VSOs, especially a group now called Burn Pits 360, was absolutely crucial to crafting this bill, steering it through the legislative process, and securing its passage in the House today.

I have quoted Lincoln over and over again. Lincoln said: "Public sentiment is everything. With it, nothing can fail; against it, nothing can succeed."

Well, our veterans caused public sentiment to be aroused to such a point that here we are getting this done. They enlisted Jon Stewart and John Feal, two people who had been there with us on the 9/11 health benefits for people exposed at the time of 9/11. And they had been real champions in the public visibility of this issue; not only to help mobilize support for us to pass it, but to give hope to people who have been affected to know that there is a chance that this can be accomplished.

So I thank Jon Stewart, and I thank John Feal.

At the same time, it is with great pride and patriotism that the PACT Act has strong bipartisan and bicameral support worthy of our heroic veterans. This Congress is also grateful to Secretary McDonough, the VA, and the entire administration for their support.

Mr. Speaker, I thank President Biden for making this a priority in his State of the Union Address, especially when he talked about his beloved son, Beau.

Madam Speaker, since we passed the PACT Act, it has been renamed. It has a new name of a veteran we lost from toxic exposure.

Sergeant First Class Heath Robinson was exposed to burn pits while deployed to Kosovo and Iraq, and afterward he battled a rare, deadly lung cancer. Sadly, he died in 2020 at just age 39, leaving behind his wife and daughter. Today, in his memory, we re-

double our efforts to ensure tragic stories like his can never happen again. He is representative of so many other stories and the toll that this has taken.

Again, we say that when our troops go to war on the battlefield, we leave no soldier behind. When they come home, we leave no veteran behind. Our PACT Act is an historic victory for our veterans and for their advocacy that honors that pledge now and for the future.

Madam Speaker, I urge a bipartisan vote on the Honoring our PACT Act. I hope it will be almost unanimous. I look forward to seeing it swiftly passed by the Senate and signed into law by the President.

Madam Speaker, again, I am grateful for the leadership of Mr. TAKANO.

□ 1445

Mr. BOST. Madam Speaker, I yield 1 minute to the gentleman from Florida (Mr. BILIRAKIS), a gentleman who has served on this committee and has understood these issues for all of his time in Congress.

Mr. BILIRAKIS. Madam Speaker, inspired by the story of my constituent Lauren Price, I first filed comprehensive burn pit legislation with my colleague, Congressman RUIZ, in 2018.

Lauren developed a terminal illness due to her exposure to burn pit toxins in Iraq. Despite her illness, she was passionate about making sure her brothers and sisters in arms would finally be able to access the medical care and benefits they have earned. Lauren worked tirelessly to help me craft legislation and testified at multiple congressional hearings.

Since 2018, I have continued to work with my colleagues in the House and the Senate to push this critical issue forward. While Lauren tragically passed before she was able to get help, today, finally, we will pass the PACT Act to make sure no other veterans have to go through what Lauren went through.

Mr. TAKANO. Mr. Speaker, I so welcome the support of the gentleman from Florida. He got it right the first time. He voted "yes" the first time. I know he is going to vote "yes" the second time.

Mr. Speaker, I yield 1 minute to the gentlewoman from Minnesota (Ms. OMAR), my good friend who serves on the Education and Labor Committee and the Foreign Affairs Committee.

Ms. OMAR. Mr. Speaker, I rise today in support of the Honoring our PACT Act. I thank Chairman TAKANO for yielding and for his incredible leadership on this bill.

We ask young men and women to serve our country in uniform. We should not also be asking them to be exposing their bodies to toxins and to live with the consequences of those toxins for the rest of their lives.

Whether it is Agent Orange in Vietnam or burn pits or other toxic exposures in Iraq and Afghanistan, this has been part of our military's history.

This bill helps us correct the historic injustices for veterans and communities like the ones in Camp Lejeune, North Carolina.

I am proud today that we will pass the most comprehensive legislation in decades to address the severe health problems that so many of our veterans are facing and to make it easier for them to get the relief and the care they need.

Mr. Speaker, thousands of my constituents will benefit from what we are doing here today, and it is my great honor to support this bill.

Mr. BOST. Mr. Speaker, I yield 1½ minutes to the gentleman from Georgia (Mr. CARTER), a gentleman who is very much in support of our veterans.

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, today, I rise in support of H.R. 3967, the Honoring our PACT Act. However, I want to make sure that my colleagues across the aisle know how disappointed I am in these budget gimmicks that have become a part of this final legislation.

As many of you are aware, I have the honor and privilege of representing the First Congressional District of Georgia. We have every branch of the military in our district. With every branch represented in my district, I take pride in my ability to serve and aid our men and women in uniform.

I promised them I would vote for this bill. I am going to vote for this bill. But I do so begrudgingly, and the reason why is because I think it is despicable, Mr. Speaker, that my colleagues on the other side of the aisle are using our veterans in order to gain the ability to use billions of dollars, almost \$700 billion, on pet projects that they want to spend on. I think that is a slap in the face of our veterans.

Our veterans did not sacrifice, did not serve, in order to bankrupt our country. But that is what our colleagues on the other side of the aisle want to do.

Now, they deserve this. They need it. There is no question about that. Anyone who votes for it or against it agrees they need this, and we are going to make sure they get it. But I want to make sure that the point is made that this is despicable to use a budget gimmick like this against our veterans in order to be able to fund pet projects that my colleagues on the other side of the aisle want to fund.

Mr. TAKANO. Mr. Speaker, I welcome the even begrudging "yes" vote from the gentleman from Georgia. I will just say there is no budget gimmick here. This vote is going to unite America. It is going to heal America.

Mr. Speaker, I yield 1 minute to the gentlewoman from Michigan (Mrs. DINGELL), my good friend who serves on the Energy and Commerce Committee and the Natural Resources Committee.

Mrs. DINGELL. Mr. Speaker, I rise in support of the Honoring our PACT Act.

Toxic exposure has devastating health consequences for our veterans,

including many in my district. I talk to them every week when I am home.

One is the Michigan president of the VFW, Kevin Hensley, who is a veteran of the U.S. Air Force who was stationed near open burn pits and has been diagnosed with several severe illnesses after inhaling that toxic smoke. Despite his sacrifices and his dedication yet today, he faces challenges every day receiving care through the VA, and that is simply unacceptable.

With the passage and enactment of this legislation, we can lift the barriers that have been blocking veterans from accessing the life-changing care they need. This bipartisan package will expand healthcare access to veterans across the country, and it will finally ensure that veterans receive the support they deserve.

I thank the chairman of the Veterans' Affairs Committee for his leadership in advancing the PACT Act, the ranking member, and all the members of the Veterans' Affairs Committee.

Mr. BOST. Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. DAVIDSON).

Mr. DAVIDSON. Mr. Speaker, during deployments and war, the military incinerated waste in large burn pits. Many contained hazardous materials that emitted toxic fumes. Our veterans have long suffered from the practice, but the VA has not been able to adequately recognize the effects and provide care for those who suffer from such exposures.

To be clear, this is not a benefit. It is a moral obligation to care for these veterans.

It is not a great bill. Congress has already squandered two decades trying to do the right thing here. When BP spilled oil and contaminated the Gulf, their responsibility for cleanup was not optional. Why should America's government have less responsibility for the harm caused to our veterans?

It is free to join our military, but for some, service costs everything. Others return with wounds that are seen and unseen. We must recognize the cost of war, and the bill for our veterans harmed by toxic burn pits is long overdue. Please pass this bill.

Mr. TAKANO. Mr. Speaker, I have no further speakers. I am prepared to close, and I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I yield myself such time as I may consume.

While I wholeheartedly support the intent of the PACT Act and intend to vote for it, I am opposed to the precedent that the funding mechanism in this bill sets.

Later, I will be offering a motion to commit that would prohibit creation of the cost of war toxic exposure fund. Democrats are using the fund to move almost \$400 billion of existing VA healthcare spending from the discretionary to the mandatory side of the ledger for purposes completely unrelated to veterans.

We should not use this bill to create more entitlement spending. That is

dangerous, and it is a very dangerous budget ploy. It will put more spending on autopilot. It will limit our ability to do our job, constitutionally, of oversight of the second-largest bureaucracy in the world that serves millions of veterans and survivors. It will hurt taxpayers who are already suffering everywhere, from the gas pump to the grocery store.

My motion to commit is simple, and I hope my colleagues will support it.

Mr. Speaker, I ask unanimous consent to include the text of the amendment in the RECORD immediately prior to the vote on the motion to commit.

The SPEAKER pro tempore (Mr. KILMER). Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. BOST. Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield myself the balance of my time.

I am delighted that the ranking member is offering his support for this bill. I accept that support, but I do not accept his objections.

This bill, I mean, yes, I do say that we are creating entitlements. But the entitlements we are creating are 3.5 million veterans eligible for healthcare, veterans that were exposed to toxic substances. We are conceding exposure to them. We are making it possible for them to not have to fight their government.

Yes, we are creating entitlements with our 23 presumptive illnesses. It is going to mean that those veterans are entitled to benefits, and their families will be entitled to benefits, so those veterans that are suffering from terminal illnesses are not going to have to worry about their families being without resources after they pass.

Mr. Speaker, I ask that all of my colleagues join me in finally doing what is right and passing this very important piece of legislation, S. 3373, as amended. I hope we get 400 votes.

Mr. Speaker, I yield back the balance of my time.

Mr. BOST. Mr. Speaker, I yield myself the balance of my time.

Nineteen months ago, when I took over as the lead Republican on the Veterans' Affairs Committee, I told my colleagues that helping toxic-exposed veterans was my top priority. Today, I am proud to say that we are delivering on that promise.

It was not an easy road to get here, but the PACT Act will make a difference for veterans, their families, and their survivors.

Today, I am thinking of veterans like Lauren Price, Heath Robinson, Kate Hendricks Thomas, veterans who raised their right hands like I did. They did their duty, and they did it well. But unlike me, their lives were cut short.

They were young, seemingly healthy adults who had endured a different battle on the stateside. Their lives were changed in an instant when they developed rare cancers in the blink of an

eye, possibly due to their repeated exposure to burning chemicals while they served overseas.

Lauren left behind her husband, Jim, and five children. Heath left behind his wife and a young daughter. Kate left behind her husband and a young son.

The bill we will vote on today is in honor of them and the hundreds of thousands of veterans just like them. Lauren, Heath, and Kate left us too soon and would want us to do everything in our power to try to prevent what happened to them from happening to their fellow brothers and sisters in arms.

The PACT Act will grant their wish for generations. It will help over 3 million veterans get the care and benefits they are due before it is too late.

We have made this mistake in the past. We don't need to make it again. We need to move forward with this bill, and we will work in a bipartisan way to make sure that is exactly what happens once it is signed into law and implemented by the VA.

Mr. Speaker, I encourage my colleagues to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 1224, the previous question is ordered on the bill, as amended.

The question is on third reading of the bill.

The bill was ordered to be read a third time and was read a third time.

#### MOTION TO COMMIT

Mr. BOST. Mr. Speaker, I have a motion to commit at the desk.

The SPEAKER pro tempore. The Clerk will report the motion to commit.

The Clerk read as follows:

Mr. Bost of Illinois moves to commit the bill S. 3373 to the Committee on Veterans' Affairs.

The material previously referred to by Mr. BOST is as follows:

Beginning on page 117, strike line 14 and all that follows through page 119, line 13, and insert the following:

“(c) AUTHORIZATION OF APPROPRIATIONS.—(1) There is authorized to be appropriated to the Fund for fiscal year 2023 and each subsequent fiscal year such sums as are necessary, pursuant to the limitation in paragraph (2), to increase funding, over the fiscal year 2021 level, for investment in—

“(A) the delivery of veterans' health care associated with exposure to environmental hazards in the active military, naval, air, or space service in programs administered by the Under Secretary for Health;

“(B) any expenses incident to the delivery of veterans' health care and benefits associated with exposure to environmental hazards in the active military, naval, air, or space service, including administrative expenses, such as information technology and claims processing and appeals, and excluding leases as authorized or approved under section 8104 of this title; and

“(C) medical and other research relating to exposure to environmental hazards.

“(2) LIMITATION.—For the period of fiscal years 2023 through 2031, amounts authorized to be appropriated to the Fund may not exceed a cumulative total of \$116,800,000,000.

“(d) BUDGET SCOREKEEPING.—(1) Immediately upon enactment of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022, expenses authorized to be appropriated to the Fund in subsection (c) shall be estimated for fiscal year 2023 through fiscal year 2031 and treated as budget authority that is considered to be direct spending—

“(A) in the baseline for purposes of section 257 of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 907);

“(B) by the Chairman of the Committee on the Budget of the Senate and the Chair of the Committee on the Budget of the House of Representatives, as appropriate, for purposes of budget enforcement in the Senate and the House of Representatives;

“(C) under the Congressional Budget Act of 1974 (2 U.S.C. 621 et seq.), including in the reports required by section 308(b) of such Act (2 U.S.C. 639); and

“(D) for purposes of the Statutory Pay-As-You-Go Act of 2010 (2 U.S.C. 931 et seq.).

“(2)(A) Except as provided in subparagraph (B), amounts appropriated to the Fund for fiscal years 2023 through 2031 pursuant to this section shall be counted as direct spending under the Congressional Budget and Impoundment Control Act of 1974 (2 U.S.C. 621 et seq.) and any other Act.

“(B) Any amounts appropriated to the Fund in excess of the amount specified under subsection (c)(2) shall be scored as discretionary budget authority and outlays for any estimate of an appropriations Act.”

The SPEAKER pro tempore. Pursuant to clause 2(b) of rule XIX, the previous question is ordered on the motion to commit.

The question is on the motion to commit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mr. BOST. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to section 8 of rule XX, further proceedings on this question are postponed.

□ 1500

#### DIRECTING THE SECRETARY OF THE SENATE TO MAKE A CORRECTION IN THE ENROLLMENT OF THE BILL S. 3373

Mr. TAKANO. Mr. Speaker, I send to the desk a concurrent resolution and ask unanimous consent for its immediate consideration in the House.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

The text of the concurrent resolution is as follows:

H. CON. RES. 98

*Resolved by the House of Representatives (the Senate concurring), That in the enrollment of the bill S. 3373, the Secretary of the Senate shall make the following correction: Amend the long title so as to read: “An Act to improve health care and benefits for veterans exposed to toxic substances, and for other purposes.”*

The concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

#### AUTHORIZING THE USE OF THE ROTUNDA OF THE CAPITOL ON THURSDAY, JULY 14, 2022, FOR THE LYING IN HONOR OF THE REMAINS OF HERSHEL WOODROW “WOODY” WILLIAMS, THE LAST SURVIVING MEDAL OF HONOR RECIPIENT FOR ACTS PERFORMED DURING WORLD WAR II

Mr. TAKANO. Mr. Speaker, I ask unanimous consent to take from the Speaker’s table the concurrent resolution (S. Con. Res. 42) authorizing the use of the rotunda of the Capitol on Thursday, July 14, 2022, for the lying in honor of the remains of Hershel Woodrow “Woody” Williams, the last surviving Medal of Honor recipient for acts performed during World War II, and ask for its immediate consideration in the House.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

The text of the concurrent resolution is as follows:

S. CON. RES. 42

*Resolved by the Senate (the House of Representatives concurring),*

#### SECTION 1. HONORING THE LAST SURVIVING MEDAL OF HONOR RECIPIENT OF WORLD WAR II.

In recognition of Hershel Woodrow “Woody” Williams, the last surviving recipient of the Medal of Honor for acts performed during World War II, his remains shall be permitted to lie in honor in the rotunda of the Capitol on Thursday, July 14, 2022, in order to honor the Greatest Generation and the more than 16,000,000 men and women who served in the Armed Forces of the United States from 1941 to 1945. The Architect of the Capitol, under the direction of the President pro tempore of the Senate and the Speaker of the House of Representatives, shall take all necessary steps for the accomplishment of that purpose.

The concurrent resolution was concurred in.

A motion to reconsider was laid on the table.

#### NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2023

Mr. SMITH of Washington. Mr. Speaker, pursuant to House Resolution 1224, I call up the bill (H.R. 7900) to authorize appropriations for fiscal year 2023 for military activities of the Department of Defense and for military construction, to prescribe military personnel strengths for such fiscal year, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 1224, in lieu of the amendment in the nature of a substitute recommended by the Committee on Armed Services printed in

the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 117-54, is considered adopted and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 7900

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled.*

#### SECTION 1. SHORT TITLE.

*This Act may be cited as the “National Defense Authorization Act for Fiscal Year 2023”.*

#### SEC. 2. ORGANIZATION OF ACT INTO DIVISIONS; TABLE OF CONTENTS.

(a) DIVISIONS.—*This Act is organized into five divisions as follows:*

(1) Division A—Department of Defense Authorizations.

(2) Division B—Military Construction Authorizations.

(3) Division C—Department of Energy National Security Authorizations and Other Authorizations.

(4) Division D—Funding Tables.

(5) Division E—Non-Department of Defense Matters

(b) TABLE OF CONTENTS.—*The table of contents for this Act is as follows:*

Sec. 1. Short title.

Sec. 2. Organization of Act into divisions; table of contents.

Sec. 3. Congressional defense committees.

#### DIVISION A—DEPARTMENT OF DEFENSE AUTHORIZATIONS

##### TITLE I—PROCUREMENT

##### Subtitle A—Authorization of Appropriations

Sec. 101. Authorization of appropriations.

##### Subtitle B—Navy Programs

Sec. 111. Requirements relating to EA-18G aircraft of the Navy.

Sec. 112. Multiyear procurement authority for Arleigh Burke class destroyers.

Sec. 113. Authority for procurement of additional Arleigh Burke class destroyer.

Sec. 114. Authority for certain procurements for the Ship-to-Shore Connector program.

Sec. 115. Authority to procure airframes and engines for CH-53K King Stallion heavy-lift helicopters.

Sec. 116. Prohibition on availability of funds for retirement of HSC-85 aircraft.

Sec. 117. Quarterly briefings on the CH-53K King Stallion helicopter program.

##### Subtitle C—Air Force Programs

Sec. 121. Modification of inventory requirements for aircraft of the combat air forces.

Sec. 122. Modification of minimum inventory requirement for air refueling tanker aircraft.

Sec. 123. Requirements relating to F-22 aircraft.

Sec. 124. Modification of inventory requirements and limitations relating to certain air refueling tanker aircraft.

Sec. 125. Repeal of Air Force E-8C force presentation requirement.

Sec. 126. Minimum inventory of C-130 aircraft.

Sec. 127. Authority to procure upgraded ejection seats for certain T-38A aircraft.

Sec. 128. Prohibition on availability of funds for retirement of C-40 aircraft.

Sec. 129. Prohibition on availability of funds for procurement of bridge tanker aircraft.

Sec. 130. Prohibition on availability of funds for termination of production lines for HH-60W aircraft.

Sec. 131. Prohibition on certain reductions to B-1 bomber aircraft squadrons.